



VETERAN SERVICE DOG APPLICATION

Thank you for your interest in the Throw Away Dogs Project Veteran Service Dog Program. Our mission is to provide quality trained Service Dogs that not only comply but exceed the ADA guidelines for Veterans in need. *Please note: Filling out this application does NOT guarantee you a Service Dog.* In order to be eligible for one of our Service Dogs, you must be able to provide and meet the following requirements:

- Must be a Veteran in Treatment with a licensed Therapist or currently enrolled with the V.A.
- Whose injuries took place during Military Service (Stateside or Deployed).
- Willing to submit to a criminal background check.
- The Applicant must provide proof of an Honorable Discharge (**DD 214**) photocopy is acceptable with your Social Security Number **BLACKED OUT**. We **DO NOT WANT** your Social Security Number.
- Provide a letter from Medical, Psychiatric Physician, or Therapist indicating that the Applicant qualifies and would benefit from the partnering with a Service Dog.
- Provide a written Prescription (**RX**) for 1 (one) Service Dog by a licensed professional.
- Committed to taking the steps necessary to take charge of your life and your future.

Please note: The Application must be completed by the Veteran or answered under the direction of the Veteran. If application is completed by someone other than the Veteran, please identify the person completing the application and why the Veteran is unable to complete on a separate piece of paper.

Please return the completed application packet in person or mail our Admin Office at:

Throw Away Dogs Project
232 Barnsley Ave
Huntingdon Valley, PA 19006



RESCUE. REHABILITATE. RELOCATE

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Primary Email: _____

Date of Birth: _____ Gender: _____

Marital status: Single Married Separated Divorced

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Supervisor: _____ Phone: _____

Highest Level of Education completed: _____

Last School attended or attending: _____

City: _____ State: _____ Zip: _____

Emergency contact name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____



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MILITARY INFORMATION

What is your Military status: Veteran Active Duty NG/Reserve

Branch of Service: Dates of service:

Rank of discharge: Type of discharge:

Honorable: YES NO

Where did you serve:



CRIMINAL/CIVIL CHARGES

Have you been charged with any criminal offences, INCLUDING traffic violations? YES NO

Have you ever been convicted with any crimes, INCLUDING traffic violations? YES NO

Have you ever had, or do you have pending criminal charges? YES NO

 If yes, please explain and include dates:

 Are you currently serving parole or probation? YES NO

 If yes, please explain and include dates:

 Have you ever been charged with driving under the influence? YES NO

 If yes, please explain and include dates:

 Have you ever been charged with domestic violence? YES NO

 If yes, please explain and include dates:

 Have you ever been charged with animal cruelty? YES NO

 If yes, please explain and include dates:



RESCUE. REHABILITATE. RELOCATE

HOUSING INFORMATION

What type of residence is your home? HOUSE APARTMENT DORM CONDO MOBILE HOME

How long have you lived at there? _____

Does your home have a fenced yard? _____

Do you rent or own your home? _____

If renting, please provide Landlord's contact info: _____

How many people live in your household? _____

Please give names, ages, and relationship to you:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anyone in your home allergic to dogs? YES NO

If yes, please explain: _____

Do you have any other pets living with you? YES NO If yes, how many? _____

ANIMAL NAME	AGE	BREED
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Veterinarian information

Name of practice: _____

Name of Doctor: _____

Address: _____

Phone number: _____

(A representative from Throw Away Dogs will be calling you Veterinarians Office, please call the office ahead and give them authority to release information to us for references. If you do not have a Veterinarian, please specify).



OWNING A SERVICE DOG

Have you ever owned a Service Dog? _____

Have you ever applied for a Service Dog from another Organization? _____

If yes, please provide name of Organization and date of application: _____

Have you ever been denied for a Service Dog by an Organization? _____

If yes, please provide name of Organization, date of denial: _____

How do you feel about the use of a Service Dog publicly identifying you as a person with a disability? _____

Please describe the benefits you anticipate receiving from a Service Dog? _____

What types of support is available to assist you with the care of your Service Dog in the event you are unable to perform these tasks (feeding, bathing, bathroom breaks, Vet care, etc.) _____

Please define your need for a Service Dog (please be as specific as you can): _____



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CONSENT TO CONTACT FORM

I, _____, give full consent for the health care professionals listed below to
(Print full name)

release information to Throw Away Dogs Project. I understand that the information that may be requested is confidential, will not be released to any person or agency outside of Throw Away Dogs Project and will be used for the sole purpose of assessing my qualifications for a Service Dog and ability to provide a suitable home for a Service Dog.

Please list the names, addresses, and phone numbers of those who are applicable:

Primary Doctor: _____ Phone: _____
Address: _____

Physical Therapist: _____ Phone: _____
Address: _____

Occupational Therapist: _____ Phone: _____
Address: _____

Psychologist: _____ Phone: _____
Address: _____

Psychiatrist: _____ Phone: _____
Address: _____

Veterinarian: _____ Phone: _____
Address: _____

Personal reference #1 _____ **Phone:** _____
Address: _____

Relationship to Veteran: _____

Personal reference #2 _____ **Phone** _____

Address: _____

Relationship to Veteran: _____

Applicants Signature: _____ **Date:** _____



APPLICANT SIGNATURE

I certify that, to the best of my knowledge and belief, the information in this packet truly represents my needs and present situation. I understand that failure to give complete information, misrepresentation, or falsification of information in this packet may prevent me from receiving a Throw Away Dogs Project Service Dog.

My signature below authorizes Throw Away Dogs Project to obtain criminal background information for the purpose of determining my ability to maintain and care for a Service Dog if granted one by Throw Away Dogs Project. I also authorize a possible investigation of all statements made in this packet to contact Education Facilities, current and past Employers, Medical professionals, and Criminal Agencies.

All information in this packet shall be used solely for the purpose of acquiring a Service Dog from Throw Away Dogs Project. A photocopy of this packet will be equivalent of the original and may be used as a duplicate original. I understand that any information obtained by Throw Away Dogs is confidential and will not be released to any person outside of this Organization without my written consent.

Print Applicant Name

Date

Applicant Signature

Throw Away Dogs Representative

Date