



**VETERAN SERVICE DOG  
TRAINING PROGRAM**

18 Beach Road, Gloucester - MASSACHUSETTS 01930  
**WWW.COMPANY2HEROES.ORG**

---

**VETERAN APPLICATION**

**\*\*CONFIDENTIAL\*\***

Please be as thorough and complete as possible when completing your application. Your information will remain held in the strictest confidence. Company 2 Heroes is here to help our veterans, not to share information, discuss medical issues or pass any kind of judgment. All information is provided is CONFIDENTIAL.

Date:

**CONTACT INFO**

Last Name:

First Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email Address:

**PERSONAL INFO:**

Date of birth:

Status (Circle One): Married, Single, Never Married, Divorced, Separated, Widowed

Emergency Contact (Name, Phone, Email, Address):

Employment (Circle One): Student, Full-Time, Part-Time, Retired, Unemployed, Unemployable/Disabled

Occupation:

(If Employed – Please provide Work Name/Address):

**MILITARY INFO:**

Branch of Armed Services (Circle One):

Army, Marines, Navy, Air Force, Coast Guard, Merchant Marine

Type of Service (Circle One):

Active, Reserve, National Guard, Combination-Active/Reserve

Military Rank (Highest Rank Attained):

**Occupation/Specialty in Military:**

**Dates of Service:**

To

**Conflicts Served (Circle One):** WWII, Korea, Vietnam, Gulf War, Enduring Freedom, Iraqi Freedom, New Dawn, Inherent Resolve, GWOT, Horn of Africa, Other

**Were you Combat Wounded?**

- Yes
- No

**Did you spend time in a hospital?**

**Please list your deployments and years?**

Deployed to  From  To   
Deployed to  From  To   
Deployed to  From  To   
Deployed to  From  To

Please include a copy of your DD214 to support your service. We cannot start looking at your application without a copy of your DD214.

**Current Status of Service (Circle One):** Discharged Veteran, Active, Reserve, Retired, Medically Retired

**MEDICAL INFO:**

**VA Disability Rating %:**

**Diagnosis (Circle One):** PTSD-Post Traumatic Stress Disorder, TBI-Traumatic Brain Injury, MST-Military Sexual Trauma, Other

**Is your disability service connected?**

- Yes
- No

I understand I must submit a **Provider/Physicians Health Form** and have a medical diagnosis (from a licensed & qualified medical professional) that recommends or warrants need/benefit of a service dog and agree to remain actively engaged in therapy and/or treatment for a minimum of one year from initial certification. **Why?** – We believe animal training, particularly service dog training, is highly specialized and can be frustrating at times. Ongoing treatment and support of your medical professional is essential part of the stability of our training program.

I Agree to stay enrolled in my treatment and therapies during the service dog training program and at least one year after certification.

**Do you use any assistive devices such as a cane, wheelchair, hearing aids, or prosthetic limbs? If so, please describe:**

**Do you take prescription or non-prescription drugs on a daily basis? If so, please indicate each medication you are taking and what each is for:**

**Looking back on your service, tell us about yourself, how have you changed since your service? What has not changed?**

**HOME/HOUSING INFO:**

**Type of Home (Circle One):** Single Family, Attached, Apartment, Homeless, Shelter, etc.

**Square Footage:**

**(Why? - Home and Disability questions are helpful to determine best size dog for you)**

**Do you own or rent home?**

**Describe where you can safely exercise your service dog off-leash?** Fenced yard, dog-park, field, beach, etc.

**# of Residents in Home:**

**# Adults:**

**# Children:**

**NOTE: We may speak with your spouse, partner, or other adult with whom you live, to talk about how a dog would be incorporated into your household. Please provide their name and contact information here:**

**VETERINARIAN INFO**

**Clinic Name:**

**Veterinarian Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Emergency Phone:**

**Email Address:**

**Web Address:**

I understand I must submit a **Veterinarian Reference Form** in addition to this Application. I understand I must have a medical evaluation of my dog to ensure my dog is properly vaccinated and healthy enough for training and to ensure the safety of all staff, veterans and dogs in the program.

**HOUSEHOLD PET INFO:**

**Are any residents in home allergic to pet/dander?**

**Yes**

**No**

**Do you have any pets in your home?**

- Yes**
- No**

**What breed/type of pets do you have in your home (Indicate age and if spayed/neutered)?**

**If no, have you ever had experience with a dog before? If so, what kind and when? What happened to that dog/dogs?**

**What breed/age is the dog you wish to train?**

**Has your current dog you wish to enroll had any canine training (AKC, CGC, Private Training, etc.)?**

**What past experiences good and bad have you had with dogs? How has it shaped your opinion of animals?**

**A prerequisite for having a service dog is a desire, on your part, to become more independent and work through the various symptoms of PTS/TBI/MST. How and why do you need/want to become more independent?**

**If you obtain a service dog, are you financially able to cover the expense of a service dog? (vet visits, food, etc. estimated up to \$2,000 per year) \***

- Yes**
- No**

**I understand the estimated yearly cost of caring for a service dog is roughly \$2,000/yr.**

**I Agree and understand I am responsible for those expenses.**

**What is your expectation of a Service Dog/How do you believe Service Dog will help you?**

**What is a typical day like for you, how would you incorporate a service dog and their care into your life?**

**What tasks for example would you like the service dog to help you with? (ie. pick up dropped objects, turn on and off lights, open doors, watch your back, wake from nightmares, steady/mobility, etc.**

**Are you able to attend weekly training in the North Shore area at your own expense?**

- Yes**
- No**

I have read and understand this application. I have supplied information that to the best of my knowledge is accurate and up to date.

**Applicant's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name (please print)

**C2H Representative's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name (please print)