



COLLAR OF DUTY

SERVICE DOG APPLICATION INTAKE FORM

Personal Information

- Full Name: _____
- Date of Birth: _____
- Gender (Optional): _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____
- Branch: _____
- Type of Discharge: _____

Do you have a dog?

- YES: _____
- No: _____

Dog Information:

- Dog's Name: _____
- Breed: _____
- Age: _____

Disability Information

Primary Disability/Condition (Please be specific):

How long have you been living with this condition?



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How does your disability affect your daily life? (Please describe):

Can a service dog assist you with any specific tasks or challenges? (Check all that apply):

- Mobility Assistance: ____
- Alerting to medical conditions (e.g., seizures, blood sugar, etc.): ____
- Guiding (for vision impairment): ____
- Hearing assistance: ____
- PTSD support: ____
- Balance support: ____
- Other (Please describe): _____

Medical and Professional Information

Are you registered with the VA?

- Yes: ____
- No: ____

Have you had any prior experience with a service dog?

- Yes: ____
- No: ____

Are you receiving any medical treatment or therapy related to your disability?

- Yes: ____
- No: ____

If yes, please provide details:

Service Dog Requirements

Do you have any preferences regarding the dog's breed, size, or temperament?

- Yes: ____



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- No: ____

If yes, please describe:

What kind of environment will the service dog be living in?

- House: ____
- Apartment: ____
- Other (please specify): _____

Are there any restrictions or allergies (e.g., dog allergies) we should know about?

- Yes: ____

- No: ____

If yes, please describe:

Training and Commitment

Do you have the ability to commit to the training process for your service dog?

- Yes: ____

- No: ____

Would you be willing to attend training sessions with your service dog?

- Yes: ____

- No: ____

How often would you be available for training? (e.g., weekly, monthly, etc.)

Emergency and Backup Information

Emergency Contact (Name, Relationship, Phone Number):



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Do you have a backup person who can assist with the dog if you are unavailable?

- **Yes:** ____
- **No:** ____

If yes, please provide their contact information:

Agreement & Signature

By signing below, I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that being matched with a service dog involves reviewing my military, medical, and personal history, and I agree to comply with service dog training requirements and commitment. I acknowledge that discontinuation from the program is at the sole discretion of Collar of Duty.

Signature: _____

Date: _____