SERVICE DOG APPLICATION PACKET

Old Glory Service Dogs 4 Veterans, Inc.

Serving Veterans, Law Enforcement, Firefighters, and EMS Professionals

IN THIS FAMILY, NO ONE FIGHTS ALONE.

This application is intentionally comprehensive. Please answer every question honestly and completely. The information you provide helps Old Glory evaluate program readiness, understand your needs, and select and train an appropriate Service Dog. Old Glory selects and pairs the Service Dog with the applicant.

Applicant Name:

_____

Date Application Started:

_____

Best Phone Number:

_____

Email Address:

_____

APPLICATION CHECKLIST

☐ Completed Service Dog Application

☐ Signed consent, authorization, certification, and applicant acknowledgment pages

☐ Completed symptom-impact questionnaire

☐ Mental Health Information & Verification Form completed by an appropriate licensed mental health professional

☐ Primary Care Medical Verification Form completed by an appropriate licensed medical professional

☐ Service Dog Support Person Agreement completed and signed by the designated Support Person

☐ Any requested eligibility/supporting documentation

☐ Additional sheets if needed for complete narrative responses

Application information is reviewed by authorized Old Glory personnel as part of applicant evaluation, dog selection/pairing, and training planning.

SECTION 1: PERSONAL INFORMATION

Please complete all applicable fields.

Legal Full Name _____

Preferred Name _____

Birthdate (MM/DD/YYYY) _____

Age _____

Sex/Gender (optional) _____

Marital Status _____

Height _____

Weight _____

Home Phone _____

Cell Phone _____

Primary Email _____

County _____

Social Security Number (only if required for an authorized background check):

Sensitive information should be handled only through Old Glory's approved secure process.

_____

Address History — Past Ten (10) Years

Current Address:

_____

City / State / ZIP _____

County / Dates Lived There _____

Previous Address 1:

_____

City / State / ZIP _____

County / Dates Lived There _____

Previous Address 2:

_____

City / State / ZIP _____

County / Dates Lived There _____

Emergency Contact

Name _____

Relationship _____

Phone _____

Email _____

PERSONAL REFERENCES & DESIGNATED SUPPORT

Applicants must identify reliable people who may be contacted during the application process. A designated Support Person must also be willing to assist with the Service Dog if the applicant is temporarily unable to provide care.

Reference / Support Contact 1

Name _____ **Relationship** _____

Phone _____ **Email** _____

Reference / Support Contact 2

Name _____ **Relationship** _____

Phone _____ **Email** _____

I authorize Old Glory to contact the references/support contacts listed above regarding my application.

☐ I agree

I authorize the people listed above to provide information reasonably requested by Old Glory for applicant evaluation and support planning.

☐ I agree

I authorize Old Glory to verify the willingness of my designated Support Person to assist the Service Dog team.

☐ I agree

Assistance With Completing This Application

This application should reflect the applicant's own experiences and responses. Assistance with reading, writing, typing, or completing the form is permitted when needed.

Did anyone assist you in completing this application?

☐ No ☐ Yes

Name of Person Assisting _____ **Relationship** _____

Phone _____ **Email** _____

SECTION 2: HOUSEHOLD & HOME ENVIRONMENT

How many people live in your household?

_____

Name	Age	Relationship

Does everyone in your household support your decision to apply for a Service Dog?

☐ Yes ☐ No ☐ Unsure

Is anyone in your household afraid of or uncomfortable around dogs?

☐ No ☐ Yes

Please describe any household concerns that may affect placement, training, or care of a Service Dog:

_____

_____

_____

Are there any service animals currently in your home?

☐ No ☐ Yes

Are there any pets currently in your home?

☐ No ☐ Yes

For each animal, provide the information below. Any resident dog may be evaluated by Old Glory trainers for safety and compatibility before placement.

Species	Breed	Age	Weight	Sex	Behavior / Compatibility Concerns

Do you believe you require a dog with reduced-allergen characteristics?

☐ No ☐ Yes ☐ Unsure

If yes, explain the reason and any known dog allergy in your household:

Old Glory cannot guarantee that any dog is completely hypoallergenic. Requiring a reduced-allergen dog may affect placement timing and available matches.

Do you own or rent your home?

☐ Own ☐ Rent ☐ Other

Describe your home and neighborhood (house/apartment/mobile home, stairs, yard, urban/suburban/rural setting, etc.):

Do you have a securely fenced yard?

☐ Yes ☐ No ☐ Partially

Is your home fully accessible to you?

☐ Yes ☐ No ☐ With accommodations

Describe any home-access, stair, surface, doorway, yard, or environmental considerations that may affect a Service Dog:

SECTION 3: SERVICE / PUBLIC SAFETY INFORMATION

Old Glory serves Veterans, Law Enforcement, Firefighters, and EMS Professionals. Complete the information applicable to your service background. I authorize Old Glory to verify relevant service information as reasonably necessary to evaluate program eligibility.

Community served:

☐ Military Veteran ☐ Law Enforcement ☐ Firefighter ☐ EMS Professional

Agency / Branch / Department

_____

Current or Former

_____

Rank / Title

_____

MOS / Rate / Specialty

_____

Pay Grade (if applicable)

_____

Dates of Service / Employment

_____

Please list all periods of qualifying service or public-safety employment:

_____

_____

_____

_____

Type of discharge/separation (if applicable):

_____

Please list your last four duty stations, agencies, assignments, or primary work locations and dates:

_____

_____

_____

_____

_____

Deployment / special assignment history, if applicable:

_____

_____

_____

_____

Highest or most notable awards, decorations, commendations, or recognitions (optional):

_____

_____

Provide any service or public-safety background information you believe will help Old Glory understand your experiences and needs:

_____

_____

_____

_____

SECTION 4: BIOGRAPHICAL & DAILY LIFE INFORMATION

Please tell us about yourself and describe a typical day in your life:

_____

_____

_____

_____

_____

How do you usually handle stress, frustration, and anger?

_____

_____

_____

_____

Describe a difficult internal or personal conflict you have worked through and the steps you took to address it:

_____

_____

_____

_____

How do you deal with disagreement, confrontation, or conflict with other people?

_____

_____

_____

_____

If you experience anxiety, PTSD symptoms, or other stress responses, what are your most common triggers or difficult situations?

_____

_____

_____

_____

Describe specifically how a Service Dog could help you become more independent, functional, or productive at home and in your community:

_____

_____

_____

_____

_____

_____

What activities, places, or experiences would you like to return to or participate in more fully with the help of a Service Dog?

_____

_____

_____

_____

SECTION 5: WORK & EDUCATION

Are you presently employed?

☐ Yes — Full-time ☐ Yes — Part-time ☐ No ☐ Retired ☐ On leave / disability

Current employer / agency (if applicable):

_____

Describe your work environment and essential job functions:

_____

_____

_____

_____

Describe your typical workday or shift:

_____

_____

_____

_____

Do you intend for your Service Dog to accompany you while you are working?

☐ Yes ☐ No ☐ Sometimes / depending on assignment ☐ Unsure

Please explain how you expect to use your Service Dog during work and/or away from work:

Some applicants function well while actively working but experience greater symptoms away from the job. This helps Old Glory understand where the dog will be most useful.

_____

_____

_____

_____

Is your employer aware of your decision to apply for a Service Dog?

☐ Yes ☐ No ☐ Not applicable

If workplace access or accommodations may be needed, have you begun discussing them with your employer?

☐ Yes ☐ No ☐ Not yet ☐ Not applicable

If you are not presently working, do you plan to become employed?

☐ Yes ☐ No ☐ Unsure

Please describe your future employment intentions:

_____

_____

Highest Level of Education

_____

Degree(s) / Certifications

_____

Are you presently a student?

☐ Yes ☐ No

If yes, where and is your program primarily on campus, online, or hybrid?

_____

_____

If attending in person, do you expect your Service Dog to accompany you?

☐ Yes ☐ No ☐ Unsure ☐ Not applicable

SECTION 6: TRANSPORTATION

Do you have a valid driver's license?

☐ Yes ☐ No

Do you drive yourself?

☐ Yes ☐ No ☐ Sometimes

If not, who is your primary driver?

_____

Do you have reliable daily access to transportation for scheduled training, veterinary care, and program activities?

☐ Yes ☐ No ☐ Usually

If no or usually, describe your primary means of transportation:

_____

_____

Do you use an adaptive vehicle or vehicle modifications?

☐ No ☐ Yes

If yes, please describe:

_____

_____

Are there vehicle-space, loading, mobility, or safety considerations Old Glory should consider when selecting a Service Dog?

☐ No ☐ Yes ☐ Unsure

Please explain:

_____

_____

_____

SECTION 7: MEDICAL, MENTAL HEALTH & FUNCTIONAL INFORMATION

This section helps Old Glory understand eligibility, safe participation, dog matching, task development, and training accommodations.

Primary Care Provider _____ **Phone** _____

Mental Health Provider (if applicable) _____ **Phone** _____

Do you receive VA medical services?

☐ Yes ☐ No ☐ Not applicable

Nearest VA or primary medical facility you regularly use:

_____

Current medications and purpose (attach an additional sheet if needed):

_____

_____

_____

_____

Medication allergies or adverse reactions:

☐ No known ☐ Yes

_____

_____

Dominant hand:

☐ Right ☐ Left ☐ Ambidextrous

Please select each Old Glory qualifying condition that applies to you:

☐ Post-Traumatic Stress Disorder (PTSD) ☐ Military Sexual Trauma (MST) ☐ Traumatic Brain Injury (TBI) ☐ Mobility Disability

Approximate date of diagnosis/onset for each selected condition:

_____

_____

_____

Please describe your physical strength and endurance:

_____

_____

_____

Activity level — rate your typical daily activity:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Mobility level — rate your ability to move safely and independently:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Do you have a history of falling?

☐ No ☐ Yes

If yes, how often and when did you last fall?

_____

_____

Do you have a history of seizures?

☐ No ☐ Yes

If yes, describe frequency, most recent seizure, and known triggers:

_____

_____

_____

Do you use mobility or adaptive equipment?

☐ No ☐ Cane ☐ Walker ☐ Manual wheelchair ☐ Power wheelchair ☐ Scooter ☐ Brace/orthotic ☐ Prosthetic device ☐ Other

Describe frequency of use and any handling considerations:

_____

_____

_____

Please describe physical limitations caused by medical conditions, pain, medication, illness, injury, or surgery:

_____

_____

_____

_____

_____

Please describe functional limitations you experience, such as difficulty leaving home, being in crowds, being on time, walking distances, maintaining balance, or completing daily activities:

_____

_____

_____

_____

_____

Describe any other limitation involving mobility, reaction speed, balance, vision, speech, sensitivity to light/sound/temperature, learning, memory, or communication that Old Glory should know to accommodate your needs:

_____

_____

_____

_____

_____

Daily Living Support

For each area, indicate whether you receive assistance and, if yes, who provides it.

Medication management

☐ Independent ☐ Receive assistance ☐ Sometimes

_____

Finances / bill paying

☐ Independent ☐ Receive assistance ☐ Sometimes

_____

Scheduling

☐ Independent ☐ Receive assistance ☐ Sometimes

_____

Housecleaning

☐ Independent ☐ Receive assistance ☐ Sometimes

_____

Meal preparation

☐ Independent ☐ Receive assistance ☐ Sometimes

_____

Errands / grocery shopping

☐ Independent ☐ Receive assistance ☐ Sometimes

_____

Personal care / grooming

☐ Independent ☐ Receive assistance ☐ Sometimes

_____

Getting dressed

☐ Independent ☐ Receive assistance ☐ Sometimes

_____

Do you have a history of alcohol and/or substance misuse?

☐ No ☐ Yes ☐ Prefer to discuss privately

If yes, please provide relevant information about current status or recovery that may affect safe participation:

_____

_____

_____

Do you have any food allergies or dietary restrictions?

☐ No ☐ Yes

Please describe:

_____

_____

In your own words, how would having a Service Dog help with your PTSD, TBI, MST, Mobility Disability, or related functional challenges?

_____

_____

_____

_____

_____

_____

_____

Please list any other psychological, physical, or wellness considerations Old Glory should know when considering pairing and training:

_____

_____

_____

_____

_____

SECTION 8: LEGAL & SAFETY HISTORY

Old Glory may conduct background checks as part of applicant review. A charge or conviction does not automatically disqualify an applicant. Please answer honestly and completely.

Have you ever been charged with or convicted of a felony?

☐ No ☐ Yes

If yes, please explain the circumstances, date, and disposition:

_____

_____

Have you ever been charged with or convicted of a misdemeanor?

☐ No ☐ Yes

If yes, please explain the circumstances, date, and disposition:

_____

_____

Have you ever been charged with or convicted of a criminal traffic offense?

☐ No ☐ Yes

If yes, please explain the circumstances, date, and disposition:

_____

_____

Have you had significant traffic violations that may affect safe transportation or program participation?

☐ No ☐ Yes

If yes, please explain the circumstances, date, and disposition:

_____

_____

Have you been arrested within the last 36 months, even if the arrest did not result in a conviction?

☐ No ☐ Yes

If yes, please explain the circumstances, date, and disposition:

_____

_____

Do you have a history of violence or threatening behavior?

☐ No ☐ Yes

Have you ever become so angry or frustrated that you struck another person?

☐ No ☐ Yes

Have you ever struck or intentionally harmed an animal?

☐ No ☐ Yes

Have you received counseling/treatment for anger management or impulse control?

☐ No ☐ Yes

Please explain any 'Yes' response above that Old Glory should understand when evaluating safety and program fit:

_____

_____

_____

_____

SECTION 9: SERVICE DOG READINESS & MISCELLANEOUS

Have you owned or regularly cared for a dog in the past?

☐ No ☐ Yes

How familiar are you with daily dog care?

☐ Very familiar ☐ Somewhat familiar ☐ Limited experience

Does everyone in your household support your participation in the Service Dog program?

☐ Yes ☐ No ☐ Unsure

Please describe any obstacle that could affect attending scheduled training, completing at-home training, or caring for a Service Dog:

_____

_____

_____

_____

How did you learn about Old Glory Service Dogs 4 Veterans, Inc.?

_____

_____

Have you applied to another Service Dog organization?

☐ No ☐ Yes

If yes, provide the organization, approximate application date, and current status:

_____

_____

Have you ever been denied or removed from another Service Dog program?

☐ No ☐ Yes

If yes, please provide the organization, date, and reason if known:

_____

_____

_____

What support is available to assist with care and maintenance of your Service Dog if you are temporarily unable to do so?

_____

_____

_____

_____

A Service Dog is a serious long-term responsibility. Applicants should be prepared for ongoing costs including food, routine veterinary care, preventative medication, grooming, equipment, and emergency care.

Are you prepared to maintain appropriate veterinary care and a financial plan for routine and emergency dog-related expenses?

☐ Yes ☐ No ☐ Need to discuss

Are you willing to maintain pet insurance or another approved financial plan for unexpected veterinary expenses if required by Old Glory policy?

☐ Yes ☐ No ☐ Need to discuss

SECTION 10: CONSENT TO CONTACT & AUTHORIZATION

I authorize Old Glory Service Dogs 4 Veterans, Inc. to contact the professionals and references I identify for the limited purpose of evaluating my application, verifying information relevant to program eligibility and safety, and planning an appropriate Service Dog match and training program.

Primary Care Provider	**Phone**
_____	_____
Mental Health Provider	**Phone**
_____	_____
Other Relevant Professional / Reference	**Phone**
_____	_____

I authorize Old Glory to verify relevant service, employment, educational, medical, reference, and background information as permitted by law and as reasonably necessary for applicant evaluation.

☐ I agree

I understand that Old Glory is not a medical treatment facility and does not replace medical or mental health treatment.

☐ I agree

I understand that I remain responsible for emergency medical care and related costs while participating in the program.

☐ I agree

I understand that Old Glory may remove or pause an applicant/member from training when safety, animal welfare, participation, or program requirements are not being met.

☐ I agree

I understand that I must participate in scheduled training and complete regular at-home practice with my Service Dog.

☐ I agree

I understand that Old Glory will make reasonable efforts to protect sensitive application information and limit access to authorized personnel.

☐ I agree

I understand that aggressive, threatening, abusive, or intimidating behavior toward members, staff, volunteers, the public, or animals is not permitted.

☐ I agree

I understand that program/training areas may be designated drug- and alcohol-free and that impairment may result in removal from training or the program.

☐ I agree

I understand that Old Glory retains ownership/placement authority over a Service Dog as defined by the organization's current program agreement and may act to protect the dog's welfare if necessary.

☐ I agree

I understand that photographs/video may be taken during training or events; any separate media consent requirements will be handled according to Old Glory policy.

☐ I agree

Section 11: SYMPTOM IMPACT QUESTIONNAIRE

The following items describe problems people sometimes experience after a very stressful experience. For each item, mark how much the problem has affected you during the past month.

In the past month, how much were you impacted by:	**Not at all 0**	**A little bit 1**	**Moderately 2**	**Quite a bit 3**	**Extremely 4**
1) Repeated disturbing and unwanted memories of a stressful experience?	☐	☐	☐	☐	☐
2) Repeated, disturbing dreams of a stressful experience?	☐	☐	☐	☐	☐
3) Suddenly feeling or acting as if a stressful experience were actually happening again?	☐	☐	☐	☐	☐
4) Feeling very upset when something reminded you of a stressful experience?	☐	☐	☐	☐	☐
5) Having strong physical reactions when something reminded you of a stressful experience?	☐	☐	☐	☐	☐

6) Avoiding memories, thoughts, or feelings related to a stressful experience?	☐	☐	☐	☐	☐
7) Avoiding external reminders of a stressful experience (people, places, conversations, activities, objects, or situations)?	☐	☐	☐	☐	☐
8) Trouble remembering important parts of a stressful experience?	☐	☐	☐	☐	☐
9) Having strong negative beliefs about yourself, other people, or the world?	☐	☐	☐	☐	☐
10) Blaming yourself or someone else for a stressful experience or what happened after it?	☐	☐	☐	☐	☐
11) Having strong negative feelings such as fear, horror, anger, guilt, or shame?	☐	☐	☐	☐	☐
12) Loss of interest in activities you used to enjoy?	☐	☐	☐	☐	☐

13) Feeling distant or cut off from other people?	☐	☐	☐	☐	☐
14) Trouble experiencing positive feelings?	☐	☐	☐	☐	☐
15) Irritable behavior, angry outbursts, or acting aggressively?	☐	☐	☐	☐	☐
16) Taking too many risks or doing things that could cause you harm?	☐	☐	☐	☐	☐
17) Being super alert, watchful, or on guard?	☐	☐	☐	☐	☐
18) Feeling jumpy or easily startled?	☐	☐	☐	☐	☐
19) Having difficulty concentrating?	☐	☐	☐	☐	☐
20) Trouble falling or staying asleep?	☐	☐	☐	☐	☐

SECTION 12: CERTIFICATION & SIGNATURE

I certify that, to the best of my knowledge and belief, the information provided in this application is accurate, complete, and reflects my current needs and circumstances.

I understand that knowingly providing materially false information may affect my eligibility or continued participation in the program.

☐ I agree

I understand that completing this application does not guarantee acceptance, placement, or a particular dog.

☐ I agree

I understand that Old Glory selects and pairs the Service Dog based on the totality of the applicant's needs, abilities, environment, safety considerations, and program requirements.

☐ I agree

I understand that a Service Dog is not a pet and requires substantial time, effort, consistency, care, and ongoing training.

☐ I agree

Applicant Signature _____

Date _____

Printed Name _____

Best Phone Number _____