



SERVICE PEACE WARRIORS

"Some battles are still worth fighting"

Service Dog Application

Are you a Combat Veteran? Yes No Are you active military? Yes No

Name: _____

Address: _____ Apt _____

City: _____ State: _____ Zip code: _____

Home#: _____ Cell #: _____

Date of Birth: _____ E-Mail: _____

Spouse/ Significant Other Name: _____

Spouse/ Significant Other #: _____

Emergency Contact: _____

Emergency Contact #: _____

How did you hear about us? _____

Service Peace Warriors
1781 N. Bellevue RD. Eltopia, WA 99330 (509) 537-2530
info@servicepeacewarriors.org

History

How long have you lived at this address? _____

Do you have a fenced yard? Yes No

How long have you served? _____

Are you married? Yes No

Do you have children? Yes No

Do you have children who visit? Yes No

Do you have grand children? Yes No

If yes to children, how many children and how old? _____

Do your children live with you: Yes No

Do you own a reliable vehicle? Yes No

Do you have other pets in your home: Yes No

If yes, specify breed, age, and sex of each: _____

Physical History

Are you visually impaired? Yes No Degree of sight loss: _____

Do you have any hearing loss? Yes No Degree of hearing loss: _____

Do you believe you suffer from PTSD? Yes No

Do you work? Yes No

If so, what is your occupation? _____

If yes, what is your work schedule? _____

Are you independent and confident to travel on your own? Yes No

Can you describe your routine, please include travel: _____

Please describe any medical or physical limitations: : _____

Service Dog Information

Have you ever had a service or assistance dog? Yes No

If yes, why do you no longer have the dog: _____

Who is your Veterinarian? _____

What is their contact information? Address and phone number: _____

Have you applied through any other organization for a Service dog? Yes No

If so, where? _____

Are you on a waiting list, or were you denied? Yes No

If you were denied, do you have a letter of denial? Yes No

If you do have a letter, can you please provide it. _____ Initial if so.

Do you have a concealed gun permit? Yes No

If so, do you normally carry it? Yes No

Are you in need of a hypoallergenic dog? Yes No

(Food for one dog is anywhere from \$40.00 to \$70.00 a month)/plus any veterinary care the dog will need.)

Are you financially able to take care of a dog? Yes No

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Service Peace Warriors requires that you initial and sign the following before sending us your application.

I have been clean and sober for at least 9 months prior to applying. _____

On their official letterhead, provide a doctor's/or therapist's letter with the current reason for service-related treatment. _____

I am under treatment for PTSD by a qualified professional. _____

If not active, provide a copy of your DD214 indicating your Honorable Discharge _____

Provide proof of address. _____

Provide photos of the home inside and outside. _____

Provide proof of income. _____

Provide 3 letters of personal recommendations. _____

Provide a Release of Information (ROI) naming Service Peace Warriors as organization. _____

Letter from Spouse/ Significant other stating they understand and agree to having a service dog in the home. _____

(ROI) form is provided as an additional link on our website below the application.

I understand that by completing this application, Service Peace Warriors is not held liable or under any obligations. In this application, there are no right or wrong answers, but it helps Service Peace Warriors to determine eligibility for the training of the dog. Service Peace Warriors does not discriminate against any applicant based on race, age, gender, religion, nationality or any other factor prohibited under local, state and federal laws. Applicant's that are denied may subsequently reapply to be reconsidered without prejudice.

Signature _____ Date _____

Please email or mail completed application along with all other info requested in application to Service Peace Warriors. Please leave unstapled if mailed.

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