

2023 Veteran Application

* Indicates required question

1. Email *

Contact Information:

2. First Name *

3. Last Name: *

4. Gender:

Mark only one oval.

Male

Female

5. Date of Birth: *

Example: January 7, 2019

6. Street Address: *

7. City: *

8. State: *

9. Zip: *

10. Cell Phone Number: *

Veteran Status:

11. Are you a U.S. veteran? *

Mark only one oval.

Yes

No

12. What branch did you serve in? *

13. Did you receive an honorable discharge? *

Mark only one oval.

Yes

No

14. What was your rank at the time of discharge? *

Veteran Disability Info

15. Date of Disability *

Example: January 7, 2019

16. Is your disability service related? *

Mark only one oval.

Yes

No

17. Define your disability or limitations: *

18. Define specific need(s) for a service dog. Please be specific. *

Veteran Support: Primary Contact (Spouse/Partner/Family Member/Friend)

19. First Name: *

20. Last Name: *

21. Phone Number: *

22. Email address: *

23. Relationship to veteran: *

24. Years known: *

Medical Information

25. Doctor/Mental health provider name: *

26. Is your mobility or condition limited? If yes, how? *

27. Describe any hospitalizations you have had in the last three years: *

28. Describe your current activity level: *

Mark only one oval.

- Low
- Medium
- High

29. What activities do you most enjoy? *

30. Describe a typical day in your life: *

31. What are your hopes and fears of receiving and living with a service dog? *

Employment:

32. Employment Status: *

Mark only one oval.

- Full time
- Part time
- Self Employed
- Retired

33. If employed, have you discussed this application with your employer to ensure they are supportive of the idea of you always having a service dog at your side *

Mark only one oval.

- Yes
 No

34. Have you had a service dog before? *

Mark only one oval.

- Yes
 No

35. Are you willing and able to attend weekly classes at our training location and outings required to certify your dog as a fully-trained service dog? *

Mark only one oval.

- Yes
 No

36. Are you willing and able to attend required ongoing monthly classes, outings, and annual exams to maintain your dog's certification as a fully-trained service dog? *

Mark only one oval.

- Yes
 No

37. If selected for our program, are you able to financially provide food, heartworm prevention, flea/tick control, veterinary care, and grooming for a service dog? *
(Costs are approximately \$65/month for basic needs).

Mark only one oval.

- Yes
 No

Home Environment

38. Current living conditions: *

Mark only one oval.

- Own
 Rent
 Live with Family

39. If renting, do you have permission from your landlord to obtain a service dog? *
ADA law permits you to have a service dog, but it's always good to inquire.

Mark only one oval.

- Yes
 No

40. Do all members of your household support you having a service dog? *

Mark only one oval.

- Yes

41. Is your yard fenced? *

Mark only one oval.

Yes

No

42. List the individuals living in your home: (Name and Age) *

43. Do any members of your household smoke? *

Mark only one oval.

Yes, indoors

yes,outdoors

No

44. Are there other individuals in your home with disabilities?

Mark only one oval.

Yes

No

45. Does anyone in your home have a fear of dogs? *

Mark only one oval.

Yes

No

46. Is anyone in your home allergic to dogs? *

Mark only one oval.

Yes

No

47. List any other animals living in your home. (Type/Breed/Age) *

48. What program are you applying for? *

Mark only one oval.

PASD Dog

Life Companion

Owner Trained

Are you applying for a PASD Dog? skip to Referral:

Are you owner trained please fill out the rest of the form

About your Dog

49. Dog's Name:

50. Dog's Gender:

Mark only one oval.

Male

Female

51. Breed:

52. Dog's Age:

53. Is your dog spayed/neutered? if not would you consider it?

54. How long have you owned the dog?

55. Current level of training:

56. Is your dog current on all vaccinations? (Provide a copy of Veterinary Records)
Please submit a copy to USMC.Dan@pawsitiveaction.org

Mark only one oval.

Yes

No

57. What is the general health and activity of your dog?

58. If any, what bad/annoying habits does your dog have at this time?

59. Does your dog play well with other dogs?

Mark only one oval.

Yes

No

60. Does your dog jump or dig under fences?

Mark only one oval.

Yes

No

61. Is your dog afraid of loud noises?

Mark only one oval.

Yes

No

62. Does your dog have a bite record?

Mark only one oval.

Yes

No

63. Is your dog overly shy with some types or ages of people?

Mark only one oval.

Yes

No

64. What are your hopes and fears with training your dog to be an Assistance Dog?

Referral:

65. How did you learn about Pawsitive Action?

Basic Policy & Process

66. In addition to this form, you must submit the following via email to USMC.Dan@pawsitiveaction.org:
- o Photo I.D. (driver's license, passport, military I.D.)
 - o Copy of DD214 or NGB-22
 - o Letter from a medical provider or counselor stating you would benefit from having a service dog

For your protection, please black out all but the last four digits of your social security number on your documents prior to emailing.

Mark only one oval.

I Agree

67. Pawsitive Action was established in 2008 and began placing service dogs with veterans and individuals with limited abilities in 2013. Clients will remain in good standing by participating in ongoing training opportunities and successfully progressing and/or renewing their full access certification. Pawsitive Action makes no promises to the placement or selection of any individual who has applied for a Pawsitive Action Assistance Dog. We work with everyone on a case-by-case basis, and do not train dogs for hearing, sight, or diabetic alert. Due to funding and grant restrictions, the needs of the individual applicants, the intense training required of a fully-trained service dog, only a limited number of Pawsitive Action dogs are placed each year. Please understand and respect that Pawsitive Action is a family-friendly environment.

Mark only one oval.

I Understand

68. DRUG AND ALCOHOL: No illegal drugs are permitted on the property, nor shall those under the influence be allowed to remain on the premises. We reserve the right to remove and ban any person violating this policy. Alcohol, unless served by Pawsitive Action for some event, may not be carried on one's body nor consumed on site. No excess of drinking or drunkenness will be tolerated on the premises.

Mark only one oval.

I Understand

69. Electronic Signature:

70. Date

Example: January 7, 2019

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