APPLICATION CHECKLIST

To be eligible to enter Dog Tag Buddies’ program you must be a veteran:

- Whose injuries took place during military service (stateside or deployed).
- In treatment with a licensed therapist (preferred) or currently enrolled with the V.A.
- Willing to submit to a criminal background check.
- Committed to taking the steps necessary to take charge of your life and your future.

- **Applicant Information**  
  pages 3 – 12

- **DD214 and VA Certification of Disability**
  
  - Email to director@dogtagbuddies.org or mail in a copy to:
    
    Dog Tag Buddies
    
    PO Box 250
    
    Shepherd, MT 59079

- **Authorization to disclose health information**  
  pages 13 – 18

  Sign the Provider’s Release (Authorization to Disclose Health Information) on page 14, then send pages 14-18 (Authorization to Disclose Health Information and Medical Information) to your Provider(s) to complete.

- **Family Questionnaire**  
  pages 19-22

  Have a family member complete, sign, and mail directly to Dog Tag Buddies
APPLICATION PROCESS

1. Please type or print clearly with blue or black ink. Review and sign, then return documents either electronically to director@dogtagbuddies.org or by mail to:

   Dog Tag Buddies
   PO Box 250
   Shepherd, MT  59079

2. Please include a copy of your DD214, VA Disability rating, and if applying for a service dog, a recommendation from your treating provider indicating a service dog may be useful in mitigating your disability.

3. Complete and sign the Authorization to Disclose Health Information. An original will be provided to your medical professional(s) and the signed copy will be included with your DTB application on file.

4. The Medical Information must be submitted by you to your provider and submitted to Dog Tag Buddies by the provider prior to acceptance into the program. If you have multiple providers, please submit to each provider.

5. Family questionnaire is to be completed by a parent, spouse, significant other, or a family member who currently resides with you. If you live alone, please have the document completed by someone who sees you at least on a weekly basis. Please have the individual who completes the document submit directly to Dog Tag Buddies electronically or by mail, address listed in #1 above.

6. Please note: Sending in the application is only the first step in the application process. Once application has been reviewed, any additional information needed will be requested from you, your care provider, or family member. Once all information has been reviewed, an interview will be scheduled. Following the interview, a background check will be conducted, and home inspection scheduled.

7. Once accepted into the program, DTB trainers will begin searching for an appropriate canine candidate. There is no specific timeline in which an appropriate candidate will be secured. Dog Tag Buddies is committed to find a dog that most closely matches your needs and will work with you during this time frame to prepare you for your canine companion.

8. While you are waiting for your canine companion, you will be required to attend training one (1) hour each week as an observer.

9. Once you are matched with your canine companion, you will commit to attending training one (1) hour each week at specific day/time.

10. If it is determined you are not a candidate for our program, you will receive a letter notifying you of the reason(s), and what steps if any, may determine future eligibility.
General Information

Date: _____________________
Name: _____________________

Address: ____________________________________________ Apt: __________
City: ____________________________ State: ______________ Zip: ____________
Daytime Phone: _______________ Evening Phone: _______________
Email address: ___________________________________________
Date of Birth: ___________ Height: ___________ Weight: ___________ Sex: _____
Marital Status: Married Single Separated Divorced

Are you currently employed? Yes No
Employer’s Name: ____________________________
Employer’s Address: __________________________________________
City: ____________________________ State: ______________ Zip: ____________
Employer’s Phone: _______________
Occupation: __________________________

The highest level of education you have completed: __________________________

Primary Emergency Contact:
Name: ____________________________ Phone: ______________

Secondary Emergency Contact:
Name: ____________________________ Phone: ______________

Military Information

Veteran Status: ____________________________
Military Branch: Army Navy Air-Force Marines Coast Guard Dates of service: _________
Current Rank/Rank at time of discharge: _______________ Type of discharge: _______________
Honorable discharge: Yes No
In what war or conflict(s) did you serve: __________________________
Have you been diagnosed with Post Traumatic Stress Disorder and/or Traumatic Brain Injury? Yes No
If YES, when and where was it diagnosed: __________________________
Please list your disability(s) and limitation(s): ________________________________

How long have you been disabled: ________________________________

Do you require the assistance of an attendant? Yes    No

   If YES:
   How often do you have an attendant? ________________________________
   What does your attendant do for you? ________________________________
   Is your attendant aware that you are applying for an emotional support dog or service dog? Yes    No

What are your expectations for/of your emotional support dog or service dog: ________________________________

What is your mobility? ________________________________

Have you experienced a spinal injury? Yes    No

   If YES, please list level of injury and details: ________________________________

Do you have any other challenges in addition to your disability? Yes    No

   If YES, explain: ________________________________

Are you able to walk? (Slowly, short distances, etc.) Yes    No    Normally

   If YES, but limited, please explain: ________________________________

Are you able to perform everyday tasks such as:

   Feeding yourself: Yes    No
   Dressing yourself: Yes    No
   Personal Hygiene: Yes    No
Maintain your own residence: Yes  No
Manage your own finances: Yes  No
Utilize outside services: Yes  No

If your answer was NO to any of the above tasks, who does these things for you? ______________________________

________________________________________________________

Housing Information

How many people live in your household? Please list name, age, and relationship to you:

Name: ___________________________ Age: _____ Relationship: ___________________________
Name: ___________________________ Age: _____ Relationship: ___________________________
Name: ___________________________ Age: _____ Relationship: ___________________________
Name: ___________________________ Age: _____ Relationship: ___________________________
Name: ___________________________ Age: _____ Relationship: ___________________________

Are you, or is anyone, who lives with you, allergic to dogs: Yes  No

If YES, to what extent? ____________________________________

Do you plan to move in the near future: Yes  No  To Where? ______________________________

Do you live in an: Apartment
                Duplex
                Mobile Home
                House
                Dorm
                Other (please list): ______________________________

If you RENT, Landlord's Name: ______________________________________
Landlord's Address: ______________________________________________
Landlord's Phone: ______________________________________________

Is your Landlord aware you are applying for a service dog? Yes  No

Do you have a yard?  Yes  No  Is it fenced? Yes  No

Civil / Criminal Charges

Have you ever had, or do you have, pending criminal charges? Yes  No
If YES, please explain:_________________________________________________________

Dates:

Have you served, or are you currently serving, parole or probation? Yes No
If YES, please explain:_________________________________________________________

Dates:

Have you ever been charged with driving under the influence? Yes No
If YES, please explain:_________________________________________________________

Dates:

Have you ever been charged with domestic violence? Yes No
If YES, please explain:_________________________________________________________

Dates:

Have you ever been charged with animal cruelty? Yes No
If YES, please explain:_________________________________________________________

Dates:

Owning A Dog

Do you have any animals in your home at this time? Yes No
Please list all animals (name, age, type of animal, etc.):_________________________________________________________

Do you have any outdoor animals? Yes No
If YES:
How many? ________________________________
What kind?____________________________________
Do they ever come indoors? Yes No When?________________________

Please list all animals you have owned in the past 10 years (if NOT listed above) (name, age, type of animal, etc.):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you ever had a service dog from another agency? Yes No
If YES:
Name of the agency:_______________________________________________________
Address of the agency:_____________________________________________________ 
Phone number of the agency:______________________________________________
When did you receive this dog?____________________________________________
Where is the dog now?____________________________________________________
How long did you have this dog?___________________________________________
If you've had more than one dog, were they from the same agency? Yes No

Will you be able to walk your dog yourself? Yes No
If NO, whom will you arrange to walk and clean up after your dog?________________________

Will you be able to feed the dog yourself? Yes No
If NO, who will feed the dog daily?___________________________________________

How many hours a day will your dog be alone?___________________________________
   Explain:____________________________________________________________________

How much will the dog travel with you?________________________________________

Do you plan to take your service dog to work with you? Yes No
If YES:
Have you already discussed this with your employer? Yes No
Does your employer have any concerns about you bringing your service dog with you? Yes No
If **YES**, Explain: __________________________________________________________

Have you ever had a negative experience with a dog? Yes No

If **YES**, please explain: ______________________________________________________

What breed was the dog? ____________________________________________________

Is there any breed you would NOT want as a service dog? Yes No

If **YES**, please explain: ____________________________________________________

Are you willing to accept full responsibility for your dog's health? Yes No

Will you accept full responsibility for your dog's behavior? Yes No

Do you have the facilities for regular exercise for the dog? Yes No

Describe the facilities: ______________________________________________________

Do you feel you have adequate knowledge of emotional support dog or service dogs and what their care involves: Yes No

If **NO**, are you willing to learn more about emotional support dogs or service dogs? Yes No

How do the other people in your household feel about you getting an emotional support dog or service dog? __________________________________________________________

How do your friends feel about you getting a dog? ________________________________

How do you feel a service dog can help you? ______________________________________

What is your primary goal you plan on achieving with your emotional support dog or service dog? ____________________________

The average food expense for a dog is $250-$300.00 or more annually. The veterinary expense for a dog is $120-$200.00 or more annually.

Can you afford this expense? Yes No
If NOT, please explain: ____________________________________________

What tasks do you want your emotional support dog or service dog to perform? Please list them in priority order:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________
6. __________________________________________________________
7. __________________________________________________________
8. __________________________________________________________
9. __________________________________________________________
10. __________________________________________________________

---

**Personal Information**

Please rate yourself in the following areas. High is 5, low is 1.

1. Enjoys contact with people: __________
2. Likes to take risks: __________
3. Easily express fear: __________
4. Easily express sorrow: __________
5. Easily express love: __________
6. Easily express anger: __________
7. Easily express joy: __________
8. Likes to be in control: __________
9. Easily bored with people: __________
10. Determined to accomplish goals: __________
11. Stand your ground: __________
12. Ability to respond rationally to crisis: __________
13. Ability to accept criticism or correction: ______________
14. Willing to learn new concepts, even if different from their own: ______________
15. Self-confidence: ______________
16. Ability to laugh at self: _______
17. Sensitive to other’s emotions: _______
18. Personal shyness: ______________
19. Accept responsibility of your actions: _______
20. Ability to control feeling or emotions: _______
21. Desire to please others: _______
22. Creativity: _______
23. How assertive are you in relating to people over a difference of opinion? ______________

Did you need help to fill out this questionnaire? Yes _______ No _______

We appreciate your time. The more we know about you, the easier it is to choose a dog with the right qualifications to work best with you.

Signature: _______________________________ Date: _______________________________

To assist us in fund raising, please answer the following questions:

*Your answers to these questions are optional, not required. These questions are for statistical record keeping required by most grants. Your answers to these questions have no effect on your application whatsoever.*

Are you familiar with American Disability Act? Yes _______ No _______
Are you on public assistance? Yes _______ No _______
What form(s) of assistance do you receive? ____________________________________________
Are you a client of Vocational Rehabilitation? Yes _______ No _______
How did you hear about the Dog Tag Buddies program? __________________________________

Should I be accepted into the Dog Tag Buddies Service Dog program, I, the undersigned, will be required to demonstrate aptitude, competency, and a commitment to follow Dog Tag Buddies education, standards and training. The undersigned agrees that if any of the standards of veterinary care,
health, grooming, cleanliness, and housing are not met, or if the dog is repeatedly placed in danger or is
receiving negligent care and/or treatment, Dog Tag Buddies has the absolute unequivocal right to
permanently remove the dog from my possession with or without notice. The undersigned agrees that in
this case no compensation and/or refund of the sponsor’s placement costs will be returned.

I understand that contributions are not payment for a service dog, nor a guarantee I will receive a
service dog. While contributions may be given to Dog Tag Buddies on behalf of a particular veteran, we
understand those funds do not constitute a purchase. After we, the primary and secondary caregiver,
have successfully completed educational training and made the required preparations to receive the
service dog, Dog Tag Buddies service dog placement will proceed with the recipient and his or her
family.

If at any time during the fundraising process or during team training, a Dog Tag Buddies representative
determines you, a caregiver, partner or family is unsuitable to continue placement of a (service) dog, Dog Tag
Buddies may exercise its right as stated above to withdraw the service dog without monetary reimbursement
to any party.

Signature: ___________________________ Date: __________________

I, __________________________________ do hereby give my permission to Dog Tag Buddies to use any
comments I make and any pictures or video tapes of me, both during training and after I receive my
companion or assistance dog, for publicity. This permission continues until such time as I give them written
notice rescinding said permission.

Signature: ___________________________ Date: __________________
STOP!

This next section requires your signature for medical / mental health provider release. Then the rest needs to be filled out by a Treating Clinician.
MEDICAL INFORMATION
SERVICE DOG PROGRAM APPLICATION
(Must be completed by treating clinician)

Medical/Mental Health Provider Release

Name of Provider: ____________________________________________

Please release the requested medical information regarding my condition to DOG TAG BUDDIES. The information will be used to help the organization determine my eligibility to obtain a service dog.

Patient Name (please print): ____________________________________

Patient Signature: ___________________________ Date: ________________

Medical/Mental Health Provider Contact Information

Provider name: ________________________________________________

Specialty: ______________________________________

Address: ________________________________________________

City: __________________________ State: ______________________ Zip: ____________

Phone: __________________________ Fax: ______________

Email: __________________________

Primary diagnosis: __________________________________

What are you treating if different from diagnosis? __________________________

________________________________

Date of diagnosis: __________________________

Does diagnosis qualify as a disability? Yes No

If yes, please explain: ________________________________________

________________________________

Primary disability: __________________________

________________________________

Secondary disability/conditions: __________________________

________________________________

How frequently do you treat/see patient? __________________________

________________________________
Please list all current medications/dosage the patient is currently taking: ________________________________

Please indicate any special instructions/considerations related to the patient’s disability or medical condition.

Please rate each of the following using these number descriptions:
0 = non-applicable  1 = mild  2 = moderate  3 = severe

Motor impairments  _____Weakness  _____Spasticity  _____Coordination  _____Other
Sensory impairments  _____Vision  _____Hearing  _____Loss of sensation
Cognitive impairments  _____Attention  _____Memory  _____Problem solving  _____Judgment
Communication impairments  _____Comprehension  _____Expression  _____Speech

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS

Please rate each of the following using these number descriptions: 0 = non-applicable  1 = mild  2 = moderate  3 = severe

_____Depression  _____Impaired self-esteem  _____Hopeless / Helplessness
_____Appetite disturbance  _____Suicidal ideation  _____Isolation/Emotionally cut off
_____Lack of empathy  _____Hyper-vigilance  _____Exaggerated startle response
_____Anxiety  _____Panic attacks  _____Difficulty relating to family/friends
_____Sleep disorder  _____Nightmares  _____Flashbacks
_____Insomnia  _____Irritability/Anger control issues
_____Emotional numbness /Detachment/Restricted affect  _____Intrusive thoughts
_____Suicide attempts  _____Difficulty focusing on one thing
_____Substance abuse (alcohol/ drugs): If applicable, please describe in more detail the type and severity.

If there are other behaviors or habits that are affecting the patient negatively, please explain below.
Is patient currently participating in treatment? If yes, explain the treatment and the patient’s response.
Has the patient received treatment in the past? If yes, please explain the nature of the treatment and the patient’s response.

Has the patient participated in an in-patient or out-patient mental health program? Yes No
If yes, please explain:

Did patient comply with treatment recommendations? Yes No

History of psychiatric, psychological/behavioral hospitalizations (include dates): ________________________________

<table>
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<tr>
<th>Date of admission</th>
<th>Involuntary Admit</th>
<th>Hospital (name and city)</th>
<th>Admitting problem/ Diagnosis</th>
<th>Discharge date</th>
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ADDITIONAL MEDICAL CONDITIONS
(Check all that apply)

_____Cardiovascular disease  _____Respiratory disease  _____Diabetes
_____Seizure disorder  _____Chronic pain  _____Neurogenic bladder
_____Neurogenic bowel  _____Other:_____________________

ASSISTIVE DEVICES
(Check all that apply)

_____Manual wheelchair  _____Power wheelchair/scooter  _____Walker  _____Crutches
_____Cane  _____Orthotics  _____Prosthesis  _____Hearing aid
Please rate (write number on the line in front of the activity) the Functional Independence Measure (FIM). Levels for the following motor activities based on this scale:

**NO HELPER**
- 7 - Complete independence (timely, safely)
- 6 - Modified independence (device)

**HELPER - MODIFIED INDEPENDENCE**
- 5 - Supervision
- 4 - Minimal assistance (can perform 75% of activity)
- 3 - Moderate assistance (can perform 50% of activity)

**HELPER - COMPLETE DEPENDENCE**
- 2 - Maximal assistance (can perform 25% of activity)
- 1 - Total assistance (can perform 0% of activity)

**Self-care:**
- _____Eating
- _____Grooming
- _____Bathing
- _____Dressing-upper body
- _____Dressing-lower body

**Sphincter control:**
- _____Bladder management
- _____Bowel management

**Transfers:**
- _____Chair, wheelchair
- _____Toilet
- _____Tub, shower
- _____Locomotion
- _____Walk & wheelchair
- _____Walk
- _____Wheelchair
- _____Stairs

Would you recommend this individual for a service dog? Yes  No
If no, please explain: ___________________________________________________________

Do you believe DOG TAG BUDDIES would benefit from a consultation with you to help us facilitate placement of a service dog for this patient? Yes  No
If yes, please provide a telephone number or email to initiate consultation. ____________________________

Do you think this individual has the ability to care for a dog or implement the help necessary to care for a service dog? Yes  No

Do you think this patient requires special supervision or other supports necessary to prevent him/her from self-harm or from harming others? Yes  No
If yes, please explain. ________________________________________________________________
Do you believe that this patient has sufficient self-control to deal appropriately with interpersonal conflicts, disappointments and decisions that do not go his/her way? Yes  No

Do you believe this patient would be responsible and compassionate with animals? Yes  No

Is there anything you would like to talk to us personally about concerning this patient?  Yes  No
If yes, please provide a telephone number or email to initiate consultation.

______________________________________________

Additional comments/observations:

Provider signature: _______________________________________ Date: ________________________

Please submit completed document to:
DOG TAG BUDDIES
PO Box 250
Shepherd, MT 59079-0250
STOP!

This next section is to be filled out by a family member NOT the applicant.
DOG TAG BUDDIES
PROGRAM APPLICATION
FAMILY QUESTIONNAIRE

(Must be completed by parent, spouse, significant other, or family member that currently lives with or sees the applicant on a weekly basis.)

All comments and responses are confidential and will not be shared with the veteran. This form is intended for Dog Tag Buddies assessment purposes only. Truthful, honest, and full disclosure is vital to a proper assessment and potential program acceptance.

Name: 
Applicant (Veteran) Name: 
Relationship to veteran: 
Address: 
City: State: Zip: 
Home Phone: Cell Phone: Work Phone: 
Email: 

Signature: Date: 

Family Questions
Do you have any concerns about the veteran obtaining a service dog? Yes No
If yes, please explain: 

What are the benefits you anticipate the veteran will experience as a result of a service dog? 

What are the benefits you anticipate experiencing as a result of the veteran obtaining a service dog? 

Are any members of the veteran’s support system allergic to dogs, dog hair or dander?
Yes  No

Would you like clarification or wish to speak to a DTB representative for additional information?
Yes  No

If yes, please provide the best method to contact you.

Phone: ........................................

Email: ........................................

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**Veteran’s Mental/Emotional Status**

Do you feel the veteran acts out in ways that are beyond his/her control? Yes  No
If yes, please explain: ............................................................

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Is veteran’s disability affected by drug or alcohol use or abuse?  Yes  No
If yes, please explain: ............................................................

------------------

Is veteran capable of making rational decisions?  Yes  No

Is veteran able to communicate ideas clearly?  Yes  No

Is veteran able to learn and follow direction to the degree necessary to take care of a dog?  Yes  No

If no, please explain: ............................................................

------------------

Is veteran able to make rational decisions about protecting him/herself as well as the needs and safety of others? Yes  No
If no, please explain: ............................................................

------------------

Does the veteran pose a danger to him/herself or others? Yes  No
If yes, please explain: ............................................................

------------------

Does the veteran exhibit awareness of surroundings?  Yes  No

Is the veteran able to maintain an attention span long enough to complete tasks or conversations?  Yes  No

Is the veteran oriented to time, place and persons? Yes  No
Is the veteran able to relate positively to others?  Yes  No

Does the veteran act out inappropriately when frustrated or angry?  Yes  No
If yes, please explain: _____________________________________________________________

Is the veteran able to form insights, judgments and plan a course of action?  Yes  No
If no, please explain: _____________________________________________________________

Please provide any other information you feel will be relevant in assisting the veteran.

_________________________________________________________________________

_________________________________________________________________________

Thank you for taking the time to complete this questionnaire. If the veteran is accepted, we look forward to working with you as a helpful contributor in this process.

Please submit this document electronically to director@dogtagbuddies.org or by mail to

Dog Tag Buddies
PO Box 250
Shepherd, MT  59079