

# DOGS 4 WARRIORS INC.

35020 GUNDY RIDGE RD.  
PO BOX 231  
BOWERSTON, OHIO 44695  
DOGS4WARRIORS.ORG

Thank you for your interest in Dogs 4 Warriors, Inc. Each day, approximately twenty-two Veterans with PTSD (Post-Traumatic Stress Disorder), TBI (Traumatic Brain Injury), and other combat injuries find suicide as the only alternative to a life of suffering the effects of combat. The focus of Dogs 4 Warriors, Inc. is to provide top quality service dogs for these Veterans and improve the quality of life for those who have sacrificed everything for us. Our mission is to train and provide these special dogs to qualified Veterans.

Veterans who are seeking a Service Dog through Dogs 4 Warriors must have a verified clinical diagnosis of PTSD or TBI to qualify for our program. However, Dogs 4 Warriors, Inc. does not provide Service Dogs for legally blind, hearing impaired, diabetes alert, or seizures.

The more accurate and honest information you can give us, will help us pair you with the best service dog for your needs.

In order to qualify for Dogs 4 Warriors, Inc., you must meet the following basic criteria: (1) **COMBAT** Veteran during a period of Foreign War, (2) verifiable diagnosis of PTSD and/or TBI with a 50% or greater Veterans Affairs rating letter, (3) Honorable Discharge or Honorable Service and in a Medical Separation or Medical Retirement process, (4) stable living environment, (5) free of substance abuse, (6) not have any conviction of crimes against animals, and (7) PTSD and/ or TBI diagnosis must be directly related to **COMBAT**.

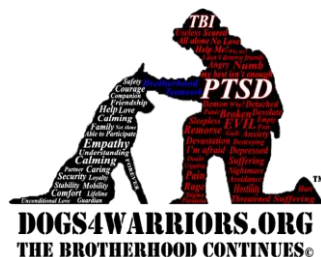
Dogs 4 Warriors, Inc. will not train any personal pets as a Service Dog. In addition, applications from those Veterans, with animals in his or her home, will be reviewed on a case-by-case basis. Placing a Service Dog in a home with other animals could potentially cause problems; therefore, the Veteran may be required to re-home the existing animal prior to the application being accepted.

Dogs 4 Warriors, Inc. is a 501-c (3) non-profit organization. We operate solely off donations from individuals. We are constantly looking for organizational support. In addition, all of our staff and board members are 100% volunteer.

Once our Veterans Services Section receives your application, it can take up to 4 weeks to make a decision. Veterans must submit all proper documentation at the time of the application. Incomplete applications will not be reviewed and after 30 days will be disposed of through proper channels. At this point, the Veteran would need to reapply and send all proper documentation.

Dogs 4 Warriors, Inc. would like to thank you for your service to this great nation. Thank you for your interest in Dogs 4 Warriors, Inc.

Regards,  
The Dogs 4 Warriors Team



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**\*\*\*PLEASE, DO NOT LEAVE ANY PORTION OF THIS APPLICATION BLANK, UNLESS USING ADDITIONAL PAPER. BY THE QUESTIONS ON THE APPLICATION WRITE, "SEE ATTACHMENT". PLEASE PLACE NUMBER OF QUESTION BY THE ANSWER ON THE ADDITIONAL ATTACHED PAGES\*\*\***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Marital Status of Veteran: (please circle which answer applies)**

(Single) (Married) (Separated) (Divorce) (Widowed) (Domestic Partnership)

**Spouse Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

Have you applied, or planning to apply, with any other Service Dog Organization? **YES / NO**

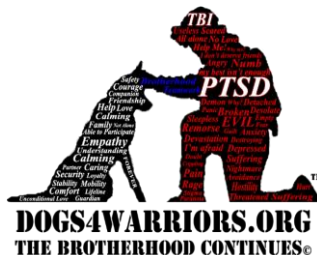
Do you currently have a Service Dog from another organization? **YES / NO**

Have you ever been denied a Service Dog by an organization? **YES / NO**

If **YES**, please provide the name of the organization, the reason for denial, and the date of denial: \_\_\_\_\_

**Please list all the people who reside in your household:**

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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1. How did you hear about Dogs 4 Warriors, Inc.? \_\_\_\_\_  
a. What made you decide to apply for a Service Dog through Dogs 4 Warriors, Inc.?  
\_\_\_\_\_

2. Is anyone in your household physically or mentally disabled? **YES / NO**

If yes, please explain how they are disabled and what their limitations are.  
**\*\*\*Attach a separate piece of paper if more room is needed.\*\*\***

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3. Military Dates of Service: \_\_\_\_\_

4. Military Deployments: **\*\*\*Attach a separate piece of paper if more room is needed.\*\*\***

**Dates**

**Locations**

Dates	Locations
_____	_____
_____	_____
_____	_____
_____	_____

5. Duties while deployed:

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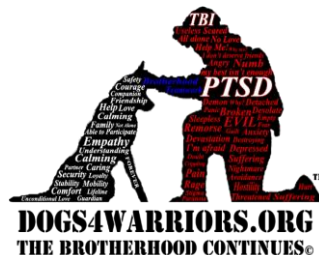
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6. Type of Discharge: \_\_\_\_\_

7. Behavioral/ Psychiatric Issues:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Criminal History/ UCMJ actions/ Department of Health and Human Services Investigations/ Child Protective Services/ Psychiatric Commitments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you been officially diagnosed with PTSD and/or TBI, due to **COMBAT**, through the Department of Veterans Affairs? **YES/ NO**  
Percentage of PTSD? \_\_\_\_\_ Percentage of TBI? \_\_\_\_\_  
Combined Rating Percentage? \_\_\_\_\_

10. Medical Center issuing diagnosis: (Name, Address, Phone #, and Name of Doctor)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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11. Date of Diagnosis: \_\_\_\_\_

12. Do you have an attendant and/or caretaker? **YES/ NO**

If so, how often are they with you? **Full Time/ Part Time/ Live In**

13. Before acceptance into our service dog program, Dogs 4 Warriors, Inc. will conduct a criminal background check. **For any of the questions that you answer “yes” to, please provide an explanation in the space provided.**

a. Have you ever been charged with any criminal offenses? **YES / NO**

b. Have you ever been convicted of any crimes? **YES / NO**

c. Are you currently involved in litigation of any kind? **YES / NO**

d. Do you have any history of violence? **YES / NO**

e. Do you have any history of harming an animal? **YES / NO**

f. Have you ever become so angry or frustrated that you have struck someone?

**YES / NO**

g. Do you have a history of harming yourself (e.g., cutting, burning)? **YES / NO**

h. Are you currently in treatment or have a substance abuse problem? **YES / NO**

**If you answered yes to any of the above questions, please explain:**

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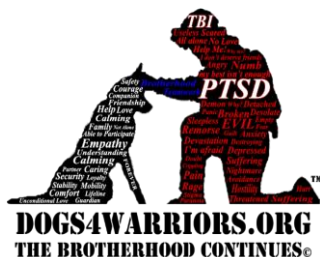
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14. Are you currently employed outside your home? **YES / NO**

If **yes**, what is your occupation? \_\_\_\_\_



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If **yes**, what are your work hours? \_\_\_\_\_

Are you planning to take your Service Dog to work with you? **YES / NO**

Have you discussed this with your employer? **YES / NO**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**15.** Are you currently enrolled in school, or do you plan to continue your education? If so, where do you plan to attend? \_\_\_\_\_

Degree of study? \_\_\_\_\_

**16.** Please tell us what your typical day is like. Be as specific as possible as to what you do during each time. **\*\*\*Attach a separate piece of paper if more room is needed.\*\*\***

Morning: \_\_\_\_\_

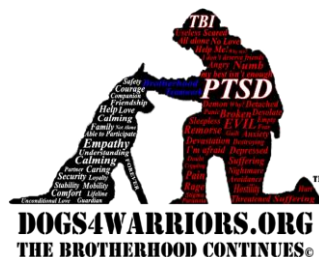
Early Afternoon: \_\_\_\_\_

Late Afternoon: \_\_\_\_\_

Early Evening: \_\_\_\_\_

Night: \_\_\_\_\_

**17.** Please describe your home and your community. Do you live in a city, suburban, or rural neighborhood? Is it strictly residential or are there commercial and retail





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establishments nearby? Is there a lot of traffic? Do many children live nearby or visit?

Is it quiet or noisy? Fenced Yard? Rent? Own?

\*\*\*Please be specific. Attach a separate piece of paper if you need more room.\*\*\*

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18. Please list the names and phone numbers of your primary care physician, therapists, and other health professionals you see on a regular basis.

\*\*\*Attach a separate piece of paper if more room is needed.\*\*\*

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19. Please tell us about any other pets you have owned, specifically dog.

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20. Please list all other animals that live in your household:

TYPE

BREED

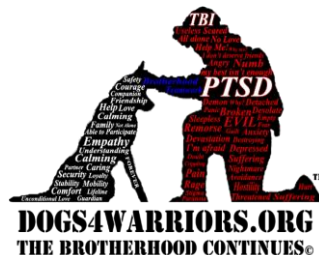
SEX

AGE

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Who is responsible for the care of these animals? \_\_\_\_\_



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If yes, please tell us who. If not, please tell us what arrangements you would make for the care of your service dog in the event of incapacitation. Specifics will need to be provided if you are selected to receive a dog.

**\*\*\*Attach a separate piece of paper if more room is needed.\*\*\***

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- 28.** Does anyone in your household have any concerns about a service dog? **YES / NO**  
If yes, please describe their concerns. **\*\*\*Attach a separate piece of paper if more room is needed.\*\*\***

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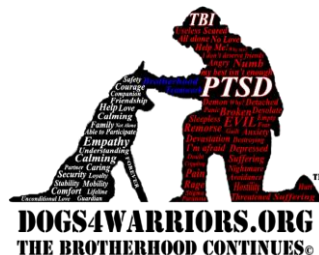
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- 29.** Is anyone who lives in your household allergic to dogs? **YES / NO**  
If **YES**, Who (be advised that we will make every effort to find and train hypo-allergenic dogs; however, due to the difficulty of locating these breeds, requiring a hypo-allergenic dog will delay you being paired with a Service Dog. In addition, you are required to obtain a Physicians statement in regards to someone in your household being allergic to dogs.

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30. Do you have any concerns about owning a service dog?

\*\*\*Attach a separate piece of paper if more room is needed.\*\*\*

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31. Tell us what type of transportation you use to get around on a daily basis.

Do you drive/own a car or have someone who drives you?

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If you own a vehicle, what Year/ Make/Model? \_\_\_\_\_

Do you use public transportation? If so, what type? \_\_\_\_\_

32. Tell us how you feel a service dog could help to improve your life?

\*\*\*Attach a separate piece of paper if more room is needed.\*\*\*

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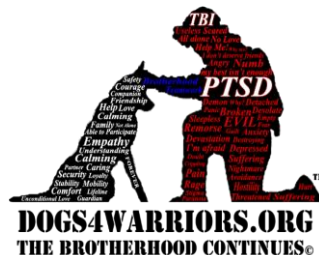
33. Answer the following Questions on a scale of 1 thru 10 (1 being no use/poor, 10 being full use/normal), please tell us your physical strengths and abilities.

Left Side: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Poor ----- Normal

a. Hand Dexterity: \_\_\_\_\_

b. Hand Strength: \_\_\_\_\_



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- c. Arm Strength: \_\_\_\_\_
- d. Upper Body Strength: \_\_\_\_\_
- e. Leg Strength: \_\_\_\_\_
- f. Leg Control: \_\_\_\_\_

Right Side: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Poor ----- Normal

- a. Hand Dexterity: \_\_\_\_\_
- b. Hand Strength: \_\_\_\_\_
- c. Arm Strength: \_\_\_\_\_
- d. Upper Body Strength: \_\_\_\_\_
- e. Leg Strength: \_\_\_\_\_
- f. Leg Control: \_\_\_\_\_

34. Please tell us how you handle each of the following tasks. **(Complete Task Alone or Assistance Provided/ Needed)**

- a. Taking your Medication: \_\_\_\_\_
- b. Personal Care and Grooming: \_\_\_\_\_
- c. Dressing: \_\_\_\_\_
- d. Preparing/Cooking Meals: \_\_\_\_\_
- e. Shopping: \_\_\_\_\_
- f. Housecleaning: \_\_\_\_\_
- g. Finances: \_\_\_\_\_

35. Tell us about your interests and hobbies. Do you partake in any activities or belong to any clubs or organizations?

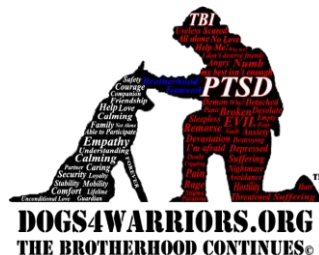
\*\*\*Attach a separate piece of paper if more room is needed.\*\*\*

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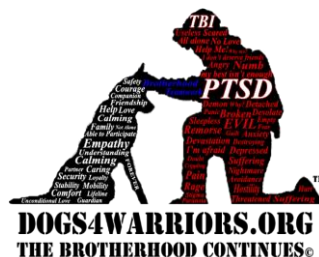
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36. Please answer the following questions. **(Circle)**
- a. Are you financial capable of maintaining the nutrition, grooming, Veterinarian, and any additional care needed for a Service Dog? **YES / NO**
  - b. Do you believe your current situation will allow you to keep and benefit from your Service Dog for approximately 8-10 years? **YES / NO**
  - c. Will your Service Dog spend most of its time with you both at home and outside the home (if allowed) and not confined or by itself? **YES / NO**
  - d. Do you understand that your Service Dog is not a family pet, has a specific job to perform for you, and should, therefore, interact mainly with you? **YES / NO**
  - e. Do you acknowledge that by receiving one of our Service Dogs, you are a representative for Dogs 4 Warriors Inc., the service dog industry, and will be expected to maintain both your dog's training and skills and your skills as an owner? **YES / NO**
  - f. Do you agree that your Service Dog will not be off its leash except in a secure area? **YES / NO**
  - g. Do you agree that you will take full responsibility for the care of your Service Dog: as far as their safety, health, and welfare? Alternatively, if you are not able to take full responsibility for these things, a qualified person will do it for you? **YES / NO**
  - h. Will you, or a qualified person, ensure your Service Dog gets regular veterinary care and that you will carry out all care prescribed by your veterinarian? **YES / NO**
  - i. Will you, or a qualified person, feed your Service Dog a good quality dog food and maintain its ideal weight? **YES / NO**
  - j. Will you or a qualified person ensure your Service Dog gets daily exercise? **YES / NO**
  - k. Will you or a qualified person take full responsibility for cleaning up after your Service Dog in public places? **YES / NO**
37. Do we have your permission to contact anyone who is listed on this application if we need further information? **YES / NO**
38. Do you understand that all points of contact, to include but not limited to: Spouse, Doctors, Managers, References, etc. will be contacted prior to the application being approved? **YES / NO**
39. Have you discussed having a Service Dog with all points of contact who are listed on this application? **YES / NO**



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Please provide two References. Do not include Spouse or any additional persons living in your household.

## REFERENCE #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## REFERENCE #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please read over the following and place your initials next to each item. However, if you do not understand, please ask any questions you may have.**

\_\_\_\_\_ Dogs 4 Warriors, Inc. reserves the right to terminate training and ask you to vacate the premises at any time.

\_\_\_\_\_ Dogs 4 Warriors, Inc. is not financially responsible for your travel to and from the training compound.

\_\_\_\_\_ Dogs 4 Warriors, Inc. is not financially responsible for your lodging while attending training.

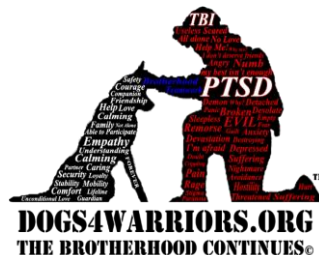
\_\_\_\_\_ You (the Veteran) agree to personally accept all responsibility and liability for your Service Dog. Furthermore, Dogs 4 Warriors, Inc. is not liable for any adverse actions of yourself or your Service Dog.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

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## Dogs 4 Warriors, Inc. will provide you with the following:

- \_\_\_\_\_ One (1) Fully-trained Service Dog
- \_\_\_\_\_ Two (2) meals at a restaurant, at no cost to you, during your training.
- \_\_\_\_\_ You (the Veteran) will be financially responsible for the rest of your meals during outings/ trainings with Dogs 4 Warriors, Inc.
- \_\_\_\_\_ Dog will be Spayed or Neutered, up to date on all shots, worming, micro-chipped
- \_\_\_\_\_ One (1) leash
- \_\_\_\_\_ Three (3) months flea and tick medicine
- \_\_\_\_\_ Six (6) months Heartworm medicine
- \_\_\_\_\_ One (1) Training Collar
- \_\_\_\_\_ One (1) Service Vest

## You, the Veteran, are responsible for the following, without exception. Failure to comply will result in dismissal from Dogs 4 Warriors, Inc. Service Dog Program and you will not receive a Service Dog:

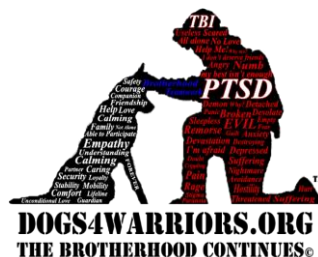
- \_\_\_\_\_ Send one (1) bag of Dog Food monthly. We will let you know the specific brand and bag size upon your request. **“or” \$50.00 a month (NON-REFUNDABLE)** donation will be sent via Cashier’s Check or Money Order (ONLY) to the below USPS address. This monetary amount will be utilized for Dog Food. Dog Food shipments are preferred.
- \_\_\_\_\_ Failure to regularly ship approved Dog Food, or supplement with the **\$50** a month Dog Food donation, will result in your dismissal from Dogs 4 Warriors, Inc.

**Applicant’s Name:** \_\_\_\_\_

**Applicant’s Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

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## Optional Lodging Accommodations:

\_\_\_\_\_ Dogs 4 Warriors, Inc. has completed the Veterans Cabin, specifically for Veterans to stay in while attending training. The cost will be \$300 for the duration of your training. This fee is NON- REFUNDABLE. This fee covers a portion of the Utilities, Maintenance, Cleaning, and a Breakfast, Lunch, & Dinner during training. Meal preparation is the Veterans responsibility, food is provided. We can provide a list of alternate lodging at your request.

## Additional Rules and Regulations:

\_\_\_\_\_ Dogs 4 Warriors, Inc. and its Board members reserves the right to conduct welfare checks on the dog, if deemed necessary, after you return home with your service dog. If a welfare check is needed, it will be arranged with proper notice.

\_\_\_\_\_ You (the Veteran), acknowledge that you have a responsibility to provide proper care for your dog, through Veterinary Care, feeding, grooming and overall well-being. You also acknowledge that, should there be an issue with the dog, Dogs 4 Warriors (D4W) and its Board members reserve the right to take possession of the dog if it is deemed the dog is not being cared for or if it ends up not being a good match. (i.e. Dog is not working for the Veteran; The dog is not being cared for, etc.).

\_\_\_\_\_ You (the Veteran), acknowledge that once you take possession of the Dog, you will NOT do any of the following: Sell, trade, giveaway, or abandon the dog. You also acknowledge that if you feel you have to do any of the above, you WILL return the dog to Dogs 4 Warriors (D4W) at your own expense and not at the expense of Dogs 4 Warriors. To do so, make contact with a board member and inform them of the situation.

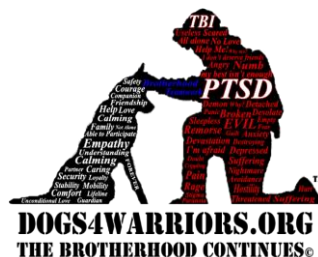
\_\_\_\_\_ You (the Veteran) will take your dog to the Veterinarian annually for a full Physical and all Vaccinations: Rabies, Distemper, Lepto (if available), Parvo, and Bordetella.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

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\_\_\_\_\_ **You (the Veteran), acknowledge that you will submit regular Veterinarian visits/ shot records to Dogs 4 Warriors, Inc. as your Service Dog is treated**

\_\_\_\_\_ You (the Veteran), acknowledge that having a Service Dog takes work. You have to “Lead” your dog, and be active in the working relationship with your dog. You also acknowledge that any given time, at the discretion of the trainer(s), you may be asked to leave the training compound. Dogs 4 Warriors is NOT financially responsible for your travel to or from the Training Compound.

\_\_\_\_\_ Remember, Dogs 4 Warriors, Inc. is where the “Brotherhood Continues.” Should you have ANY questions or concerns after leaving your training, your team leaders (Dogs 4 Warriors) are available 24/7, 365 days a year.

\_\_\_\_\_ Dogs 4 Warriors, Inc. reserves the right to make changes to our organization, as we deem necessary. All changes will apply to every Veteran as they are implemented. Changes made between the acceptance of your application and being paired with a Service Dog applies to you (the Veteran) regardless of when you entered the program.

\_\_\_\_\_ Dogs 4 Warriors, Inc. does not authorize the possession of firearms on our property by any Veterans in our organization. Any possession of, obtaining, or use of weapons or firearms will result in immediate dismissal from our program, without receiving a Service Dog.

\_\_\_\_\_ **You (the Veteran) understand that having a Service Dog is a great commitment. A Service Dog is not a pet and should interact and respond to you for the majority of the time, only. You acknowledge that you are willing, able, and ready to take on this added responsibility.**

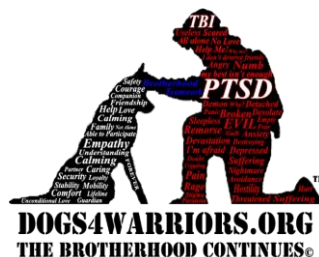
\_\_\_\_\_ Please remember that having a Service Dog is also a financial responsibility. We estimate that the Veterans financial responsibility is approximately \$1200.00 per year. This dollar amount takes into account Veterinary expenses, food, and preventative medications. By initialing, you are stating that you (the Veteran) are now, and will continue to be in the future, able to financially support your Service Dog.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

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\_\_\_\_\_ Dogs 4 Warriors, Inc. does not imply that we are a healthcare provider. Therefore, the laws contained in the Health Insurance Portability and Accountability Act (HIPPA) and/ or other state and federal laws do not bind us. However, we make every effort to keep all information in this application, and other documentation confidential. We will not share such information outside of Dogs 4 Warriors, Inc. without written consent.

\_\_\_\_\_ Dogs 4 Warriors does not tolerate behavior that is construed as aggressive, whether physically or verbally, in our organization. Any type of aggressive or threatening behavior will be grounds for immediate dismissal from Dogs 4 Warriors, Inc.

\_\_\_\_\_ You (the Veteran) agree not to bring any illegal drugs onto Dogs 4 Warriors, Inc. premises. As well as, on any Dogs 4 Warriors, Inc. outings or events. Prescription medication, prescribed to you, are the only authorized drugs to be utilized by Veterans participating in Dogs 4 Warriors, Inc. events. **Furthermore, medication, which makes you (the Veteran) incoherent, will NOT be taken during your training process with Dogs 4 Warriors, Inc.**

\_\_\_\_\_ Once you (the Veteran) are accepted into the program, placed on the waiting list, and then cancel when notified for training with your Service Dog, you will be ineligible to reapply. Cancellations for “true emergencies” only will be considered on a case-by-case basis.

\_\_\_\_\_ Dogs 4 Warriors, Inc. reserves the right to remove any accepted, or scheduled, Veteran from our waiting list and/ or training at any time, for any reason.

\_\_\_\_\_ Dogs 4 Warriors, Inc. is not a medical treatment facility of any kind. Dogs 4 Warriors, Inc. is **ONLY** a Service Dog agency providing a well-trained, certified Service Dog, as well as, the training related to the proper use of your Service Dog. We do not provide any form of healthcare whatsoever.

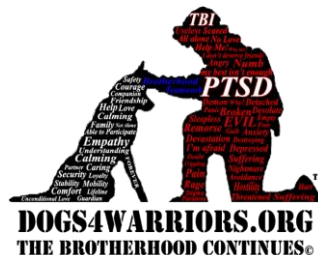
\_\_\_\_\_ Dogs 4 Warriors, Inc. does not have certified medical professionals on our voluntary staff. In case of an emergency while training with Dogs 4 Warriors, Inc., emergency services (911), will be contacted. However, you (the Veteran) will be responsible for any financial costs related to your medical care.

**By signing below you acknowledge that you have read, understand, and agree with all information contained within this application.**

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_





# DOGS 4 WARRIORS INC.

35020 GUNDY RIDGE RD.  
PO BOX 231  
BOWERSTON, OHIO 44695  
DOGS4WARRIORS.ORG

## CRIMINAL HISTORY CHECK

I hereby give my consent to Dogs 4 Warriors, Inc. to perform a criminal records check as required for the Veteran/ Volunteer position for which I have applied. I understand that I do not have to agree to this records check, but that my refusal may exclude me from consideration for the Service Dog program.

I understand that Dogs 4 Warriors, Inc. will limit the information it collects to that needed to determine my suitability for particular types of volunteer work and as a Veteran eligibility for entering the Service Dog program. I also understand that Dogs 4 Warriors, Inc. will keep all such information confidential and destroy all documents containing my Social Security Number at the time it makes a decision to accept me as a volunteer or as a Veteran entering the Service Dog program.

I also understand that being charged or convicted of a crime does not necessarily disqualify a Veteran.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

***(Keep top of this page for files)***

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### **Criminal Records Check Information**

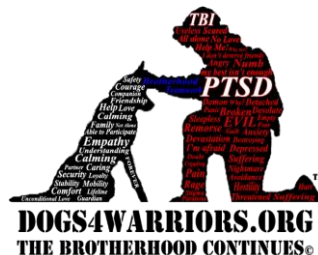
Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Other name(s) you may be known as (e.g., maiden name, birth name, etc.):

***(Destroy bottom of this page when acceptance decision is made)***



# DOGS 4 WARRIORS INC.

35020 GUNDY RIDGE RD.

PO BOX 231

BOWERSTON, OHIO 44695

DOGS4WARRIORS.ORG

Applications will only be accepted via USPS mail. Please mail all applications to:

Dogs 4 Warriors, Inc.

P.O. Box 231

Bowerston, OH 44695

## By initialing below, you have provided all of the following Documents:

\_\_\_\_\_ DD Form 214, (Member-4) ONLY will be accepted. (If you have multiple periods of service, or multiple periods of Active Duty in which a separate DD-214 was issued, you must provide each document.)

\_\_\_\_\_ VA Rating: including a Rating of 50% for PTSD and/ or TBI, which must be included. The PTSD and/ or TBI rating **MUST BE COMBAT RELATED**. You must have been deployed to an Imminent Danger Area.

\_\_\_\_\_ Official signed letter from your medical doctor, psychiatrist, psychologist, or other licensed mental health care professional verifying your physical and mental fitness to participate our 14-day program. BE ADVISED, this letter must be written, dated, and signed, within 60 days prior to your application submission. Otherwise, your application will not be accepted.

\_\_\_\_\_ Legible copy of Photo ID

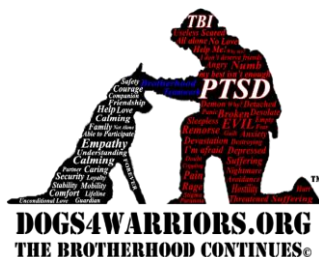
By signing below you (the Veteran) agree to attend two consecutive weeks training at our location in Bowerston, Ohio at your expense. In addition, all information in which I provide in this application is truthful and accurate to the best of my knowledge. I agree to all of the policies and procedures of Dogs 4 Warriors Inc. and its trainers and representatives. In addition, I understand that an incomplete application will not be processed.

\*\*\*If all requirements are not met at the time of the application submission, and are not maintained, it will result in your dismissal from Dogs 4 Warriors, Inc.\*\*\*

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Dogs 4 Warriors, Inc. is a 501(c)(3) non-profit organization. Your gift is tax deductible as a charitable donation