



Application of Interest

Applicant Name: _____ Date: ____/____/____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-mail: _____

Personal Information

Housing Status: Home _____ Apartment _____ Other (Describe): _____ Yard _____ With Fence _____ Without Fence _____		
Marital Status: Single _____ Married _____ Divorced _____		
Living Arrangement (Please list all those living with you):		
Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently have any pets? _____ Yes _____ No

If yes, please list:

Species	Breed	Age	Spayed/Neutered?	Live Inside or Out
---------	-------	-----	------------------	--------------------

Can you handle a dog alone? _____ Yes _____ No

Can you feed and groom a dog alone? _____ Yes _____ No

Can you verbally communicate with a dog? _____ Yes _____ No

Can you give a hand signal to a dog? _____ Yes _____ No

Military Information

You MUST provide:

- DD214
- Prescription/Letter from treating physician
- Service Connected Disability Awards letter

Branch of Service _____

Highest Rank: _____

Dates of Service: _____ / _____ / _____ to _____ / _____ / _____

Discharge Status: _____

Theater of Operation: _____

Was a Purple Heart awarded for a combat service connected disability? _____

Was your injury (circle one): combat related service related

Describe your injury and/or accident (include where the injury occurred):

Employment/School Information

Are you currently: _____ Student _____ Employed _____ Unemployed _____ Other

Occupation: _____

Employer: _____

Years on the job: _____ years

Would you plan on the dog attending work with you? _____ Yes _____ No

School: _____

Would you plan on the dog attending school with you? _____ Yes _____ No

Medical Information

Describe the ways you believe a service dog can assist you?

What are the effects of your disability? (check all that apply)

_____ limited mobility

_____ Memory Loss

_____ poor balance

_____ Nightmares

_____ Flashbacks

_____ Difficulty controlling anger

_____ Anxiety/Panic Attacks

_____ Difficulty with transitions/locations

Have you ever been treated for substance abuse or chemical dependency?

_____ Yes _____ No

If yes, when? _____ / _____ / _____ to _____ / _____ / _____

What substance(s)? _____

Additional Questions

Please list three references, not family, including one professional:

Name	Address	Phone	Relationship

May we contact these references? Yes No

Please list other service dog organizations to which you have applied:

Service Dog Organization

Current Status

Application Process and Terms

The Board of Directors of Got Your Six K9s, Inc. will review and notify you regarding your status. This will complete Step #1 of the application process. Below, find further details regarding the application process.

Step 1: Application of Interest

Step 2: Application for Service Dog

Step 3: Interview

Step 4: Home Visit

Waiver

I attest that all of the information I have provided in this application is true and correct. I understand that Got Your Six K9s reserves the right to deny service to an applicant for any reason. Including, but not limited to, failure to meet the established criteria for receiving a service dog or requesting services that Got Your Six K9s does not provide. I understand that if I paired with a service dog, I will sign a contract and this application will become part of that contract. I declare myself to be physically sound to participate with Got Your Six K9s, Inc. I, _____ waive the rights and claims of damages and/or injuries, which may come from my relationship and participation with Got Your Six K9s.

Signature: _____

Date: ____ / ____ / ____

PLEASE RETURN APPLICATION AND ADDITIONAL DOCUMENTS TO:

Got Your Six K9s
335 Taylor St.
Kaukauna, WI 54130

Website: www.gotyoursixK9s.org
Facebook: www.facebook.com/gotyoursixk9s/
Instagram: @gotyoursixk9s

FOR OFFICE USE ONLY

Date Application Received: ____ / ____ / ____ Initials: _____

Date Application Reviewed: ____ / ____ / ____ Initials: _____

_____ Accepted _____ Denied Note: _____