



APPLICATION CHECKLIST

NAME: _____

Please complete this application, attach required documents, and send or email it to us at SDS.

We require two or three documents to process your application:

1. This application form, completed and signed
2. Letter from your mental health care provider that must state:
 - a. You are currently enrolled or will re-enroll in counseling for the duration of our program.
 - b. You have a diagnosis with Military Sexual Trauma (MST) or Sexual Assault-Related Post Traumatic Stress Disorder (SA-PTSD).
 - c. A service dog is recommended as part of your overall treatment plan.
 - d. You have given permission to your mental health care provider / counselor to speak with us if needed.
3. Copy of your DD214 with SSN redacted/blacked out (if a Veteran)

Our program is offered at NO COST to Veterans and Survivors; therefore, you must be aware of and agree to the following (circle your response and initial following it):

1. I am physically able to provide the necessary and adequate exercise for my dog. Yes / No _____
2. I am completely responsible for the care and wellbeing of my dog. This includes but is not limited to food and routine veterinary care. Yes / No _____
3. My living situation, work schedule, and family members are agreeable to having a dog. Yes / No _____
4. I am the handler of my future service dog. This means I will not delegate primary responsibilities including exercise, training or decision making to any other individual. Yes / No _____
5. Cats and dogs often don't get along. We strive to find dogs that tolerate cats, however these are animals and no guarantee can be given. If you have cat(s) and conflict arises between future service dog and existing cat(s), the cat(s) must be re-homed. Yes / No _____
6. Our program requires meeting once a week for four hours of training, at an agreed upon day, time, and location, for 20 consecutive weeks. During that time, you are expected to train with your dog at home for a minimum of two hours a day, every day, and you must keep track in a log our trainers will provide to you. Yes / No _____

7. You cannot miss ANY of the 20 weekly, supervised classes. In case of family event, personal emergency, or short-term illness you must schedule a make-up class with our trainers. Make-up classes are your financial responsibility (\$75/hr). Yes / No _____

8. Once accepted into our program, you will work with us and our K9 trainers to select a suitable service dog candidate. At that point you will take full ownership and complete responsibility for the dog. Yes / No _____

9. Our program is provided to you by our generous donors AT NO COST. We also ensure that you are given every opportunity to succeed. If you fail to successfully complete the program due to not following instructions, not putting in the work required, or by simply giving up, this life-changing opportunity will have been taken from a fellow Veteran / Survivor in need. Are you fully committing to the requirements of our program? Yes / No _____

Name: _____

Signature: _____

Date: _____



SERVICE DOG APPLICATION

Full Name:

Year of Birth:

Mailing Address:

E-mail Address:

Phone Number:

Best contact method and day / time to connect with you:

How did you hear about us?

Questionnaire

(please circle or highlight your answer)

1. Are you a military Veteran? Y / N

2. Have you been diagnosed with Military Sexual Trauma or Sexual Assault-Related Post Traumatic Stress Disorder? Y / N

3. Is your condition military service related? Y / N

4. Describe your living situation, i.e. house, apartment, yard, surroundings:

5. Are you working? If yes, briefly describe what you do and your hours:

6. Do you currently own a dog? Y / N

*If yes, do you want to train your dog as a service dog? Y / N

*If yes, what breed, age and size of dog do you have?

*If no, what kind of dog (breed, size, sex, etc...) do you envision having?

7. Who else is living with you?

8. Any children? If yes, please provide ages. Y / N

9. What other animals/pets are in your household? Please describe.

10. Other than PTSD, are there any other physical or mental health issues and/or limitations we should know about?

11. A future service dog will be trained to support you through a special bond you form with your canine partner. Are there specific tasks you would want a service dog to perform for you? Y / N
If yes, please specify:

12. Do you have any other unique requirements? If yes, please specify.

I have read the above statements and I agree with the conditions of the program.

Signature and Date: _____

Please return this application and letter from your mental health care provider, along with a copy of your DD214 (if a Veteran) to Service Dog Strong by mail at:

Service Dog Strong
10 Stacy's Way
Denmark, ME 04022

Or by email at sdstrongme@gmail.com

We will contact you once we have received and reviewed your complete application package. If you have any additional questions or concerns, please don't hesitate to call (207) 653-6497 or email us at sdstrongme@gmail.com. Thank you!