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## VICTORY SERVICE DOGS ENROLLMENT APPLICATION

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Please read this information carefully prior to submitting the application.

### **Victory Service Dogs Inc.**

1. Victory Service Dogs Inc. (VSD) is a client-based training program for Veterans & First Responders (FR) who have been diagnosed with PTSD (Post Traumatic Stress Disorder), TBIs (Traumatic Brain Injuries), MST (Military Sexual Trauma), and/or physical disabilities (*we do not currently provide guide dogs*).
2. VSD identifies service dog candidates through trusted breeders. VSD's trainers will assess all dogs to determine if they have the potential to be a service animal.

### **Responsibilities of the Veteran**

1. Veterans/FR are responsible for the cost of their dog (this varies depending on breed and breeder) as well as caring for the dog (food, vet care, training materials, VSD approved kennel, etc...).
2. Veterans/FR accepted into the program will be the **primary** caretaker of the dog and the dog **MUST** reside with the veteran.
3. Veterans/FR must be the primary handler/trainer and are required to attend 1 training session per week with a certified VSD trainer. Handlers are also required to annotate a minimum of 500 training hours per year outside of class. On average, the training program takes 18-24 months to complete.
4. The most successful candidates are highly committed to consistently meeting the training schedule, both in class and at home. Please consider whether this will fit into your lifestyle.
5. Once a Veteran/FR's service dog is certified, you and your service dog will need to recertify every 1 year by taking a recertification test with one of our certified instructors.

### **Service Dogs**

According to [Assistance Dogs International](#) a service dog is defined as “a dog that works for individuals with disabilities other than blindness or deafness. Service dogs are trained to perform a wide variety of tasks including but not limited to; pulling a wheelchair, bracing, retrieving, alerting to a medical crisis, and providing assistance in a medical crisis.”

Please read the [FAQs and Support](#) page for additional information.

## Victory Service Dogs



**Victory Service Dogs Inc. does not discriminate based on race, color, creed, national origin, sex, age, religion, marital status, sexual orientation, gender identity or expression, HIV/AIDS status, or physical or mental disability for the purpose of service, employment, membership, volunteering, or leadership.**

In order to be considered for the program, the following items **must** be completed and verified by VSD before your application will be submitted to the review board, but not limited to:

- Completed** Enrollment Application
- Non-refundable \$75 Application Fee (please attach a check – payable to Victory Service Dogs, or proof of payment via PayPal receipt printout from our website’s online donation)
- Standard Profile Photograph (able to clearly identify yourself)
- Copy of DD214, Member 4, First Responder ID badge or retirement letter, and/or orders to your transition battalion
- VA Compensation Letter
- Medical recommendation from doctor or mental health professional requesting the need for service dog

*\*This letter requires the veteran’s full name, the doctor or mental health professional’s contact information (clinic name, address, signature, contact information).*

**Application materials are confidential.**

**Your written application and supplemental materials are considered the property of Victory Service Dogs, Inc.**

**Victory Service Dogs**



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**SECTION 1 – BIOGRAPHICAL INFORMATION**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse (if applicable): \_\_\_\_\_

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

What type of home do you reside in (circle one)? House Apartment Other: \_\_\_\_\_

How do you prefer to be contacted: Text Message Phone Email

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

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

Text Message: Yes No

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

Relationship to Applicant: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

VA Disability Rating: \_\_\_\_\_

*Please note: Branch of Service, Years of Service, Rank, and Disability Rating are for informational purposes only and **are not factors used to determine eligibility.***

Nearest Relative/Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you applying as a (circle one): Caregiver Client

**Employment Information**

Are you currently employed? Yes No

If so, where? \_\_\_\_\_

How many hours a week? \_\_\_\_\_ How many hours a day? \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Supervisor's Phone number: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

**Victory Service Dogs**



Are you attending school?                      **Yes**                      **No**

Have you even been charged with or convicted of animal cruelty?                      **Yes**                      **No**

**References (3 people that do not reside with you and are willing to write a reference letter)**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Veteran Status (First Responder; Not Applicable)**

To join our program, you must be a Veteran or assigned to the Warrior Transition Battalion (WTB). Does this apply?                      **Yes**                      **No**

Military Branch of Service? \_\_\_\_\_

Were you honorably discharged?                      **Yes**                      **No**



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**SECTION 2 – DISABILITY INFORMATION**

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Please provide a short biography detailing your personal background, military background, and long-/short-term goals that you would like to achieve with the help of a service dog.

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Have you been medically diagnosed with PTSD, TBI, MST and/or MOBILITY ISSUES? (Please circle all that apply)

- PTSD
- TBI
- MST
- Mobility Issues

Define disabilities: (please describe the disability you want a Service Dog to help with):

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Cause of Disability (be as specific as you can, **“military service” is not applicable**):

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Define your specific need(s) for a service dog:

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In your own words, explain in detail, your individual stressor(s): (what triggers you?)

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How long have you been disabled? \_\_\_\_\_

If the disability was caused by an injury, what progress has been made post-injury?

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Please indicate adaptive equipment used, if any: (circle all that apply)

Wheelchair    Crutches    Walker    Cane    Scooter    Other: \_\_\_\_\_

**Victory Service Dogs**



Please describe your limitations, but not limited to: mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, ability to read and understand written material, anything that might help us better understand your needs.

\*indicate all that apply, explain in detail

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What is a typical day like for you?

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Do you have additional diagnoses, to include a mental health diagnosis?

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**Symptom Checklist (1 = mild; 2 = moderate; 3 = severe; n/a = not applicable)**

Depressed Mood 1 2 3 n/a

Social Isolation 1 2 3 n/a

Mania 1 2 3 n/a

Anger/Irritability 1 2 3 n/a

Negativity 1 2 3 n/a

Hallucinations 1 2 3 n/a

Impulsivity 1 2 3 n/a

Anxiety 1 2 3 n/a

Paranoid Ideation 1 2 3 n/a

Delusions 1 2 3 n/a

Dissociation 1 2 3 n/a

Obsessions/Compulsions 1 2 3 n/a

Other Symptoms:

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**Victory Service Dogs**



History of addiction (substance and/or behavior):

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History of Anger Management:

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**SECTION 3 – HOME ENVIRONMENT**

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Please provide the name(s) and ages of people living in the same residence with the Veteran/FR:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Pet(s)—Name Type/Breed Age Gender: \_\_\_\_\_

Fenced backyard:     **Yes**             **No**

If “no” fenced yard, explain location for exercise:

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Who is the primary caregiver of family pet(s) (if applicable):

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**Victory Service Dogs**



Does anyone in your residence have any concern(s) of having a service animal in your/his/her home? Does he/she not want to have a dog in the house? If so, please explain.

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Do you or anyone who resides with you (if applicable) have a fear or severe dislike of dogs?

**Yes**            **No**

**VSD does not allow a program participant to have more than two dogs total (including the service dog) in any given residence. If you have more than two dogs at this time, please contact VSD.**

\*Every animal in the home must be assessed prior to acceptance into the program.

How many dogs are currently in your residence? \_\_\_\_\_

Do any of your current dogs exhibit behavioral issues? Behavioral issues include, but are not limited to: aggression (toward people or other animals), excessive barking/howling, resource guarding, etc...            **Yes**            **No**

Would you like to have your own dog evaluated to be a service dog?            **Yes**            **No**

**\*must be less than 1 year old and be one of the accepted breeds (Golden Retriever, Labrador Retriever, or Standard Poodle)**

If yes, please provide the following information about your dog:

Breed \_\_\_\_\_ Age/DOB \_\_\_\_\_ Weight \_\_\_\_\_

How would you exercise your dog?

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What would you like your dog to be able to do for you?

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What is your usual transportation?

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**Victory Service Dogs**



**Dog Care/Family Plan**

Do you feel that you have a good support system for unexpected instances, i.e. hospitalization?

**Yes**                      **No**

List two contacts that are able to take in your dog and provide care of your dog in an event of an emergency (*Please note that we will contact these individuals to let them know about this expectation. Please converse with them ahead of time.*):

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

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

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

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

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

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

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**SECTION 4 – FINANCIALS AND TRAINING COMMITMENT**

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**Victory Service Dogs requires a non-refundable enrollment application fee of \$75 to cover the costs of processing your application, Veteran review board, matching you with a dog, and providing permanent tags and patches if you and a dog enter our training program.**

We estimate the annual cost of dog ownership to be between \$1,500 - \$2,000 per year. Do you feel you can assume the financial responsibility of dog ownership, to include housing/bedding, food, pet insurance and veterinary costs?      **Yes**                      **No**

Veterans are accountable for attending training and unexcused absences may result in additional charges to the client, and/or removal from the program. Will you be able to commit to recurring, weekly training that may occur over a period of 18 - 24 months, based on the level of training required?      **Yes**                      **No**

Will you be able to commit to doing homework with your service dog in-training as instructed by VSD’s trainers and attend public locations for service dog training/testing?  
**Yes**                      **No**

**Victory Service Dogs**



Please understand it may take as long as one year to be matched with a service dog prospect and begin training, but we need to know if you could start soon if capacity allows.

Will you be available to start the program in approximately 90 days?      **Yes**                      **No**

How would you respond to the challenges of having a PTSD Service Dog in public, where there might be questions as to the certification and ability to be allowed in establishments? How would you respond and what would you say?

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**SECTION 5 – MEDIA RELEASE**

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Victory Service Dogs periodically uses electronic, traditional media (i.e., photography, video, audio, testimonial(s) and social media) for publicity and/or educational purposes.

By my signature, on this form, I acknowledge receipt of this document and give permission to Victory Service Dogs and its designees to use such reproductions for educational and/or publicity purposes in perpetuity without further consideration for me. I have read the above release and am aware of its contents.

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

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

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

Initials: \_\_\_\_\_

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

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

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

Initials: \_\_\_\_\_

**Signatures must be hand signed and not electronically**

**Victory Service Dogs**



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**SECTION 6 – ACKNOWLEDGEMENT**

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Victory Service Dogs is a non-profit organization and relies on donations to train our service dogs. It takes approximately two years to train a service dog and the cost for this training to the Veteran/FR is \$0. Due to each dog trained costing VSD up to \$20,000, Victory Service Dogs must have the best interest of the service dog in mind when placing that service dog with a Veteran/FR. Applicants are not required to participate in any fundraising or public relations activities without their expressed and voluntary involvement. Therefore, Victory Service Dogs reserves the right to approve/deny a Veteran at any stage of the process in acquiring a Victory Service Dog. We also reserve the right to remove a placed dog that was matched to a client if it is deemed necessary by staff. While VSD does not anticipate any of the above-mentioned problems, we must inform all applicants of these possibilities.

I have read the above release and am aware of its contents.

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

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

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

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

**Signatures must be hand signed and not electronically**

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

Initials: \_\_\_\_\_

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

Initials: \_\_\_\_\_



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**SECTION 7 – HIPPA AUTHORIZATION FOR RELEASE OF INFORMATION**

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Victory Service Dogs is fully committed to compliance with HIPPA guidelines, located at [www.hhs.gov](http://www.hhs.gov) by: 1. Providing appropriate security for service dog Veteran/FR’s PHI. 2. Protecting the privacy of Veteran/FR’s medical information. 3. Providing our Veterans/FR’s, with proper access, to the medical portion of their application. 4. Appropriately maintaining our Veteran/FR’s information in compliance with national standards. If you have any questions or concerns, please bring them to the attention of VSD staff.

ACKNOWLEDGEMENT PROMISE OF PRIVACY TO VETERAN’S PERSONAL HEALTH INFORMATION (PHI) 9 | Page Applicant Authorization for Use and Disclosure of Protected Health Information: By signing, I authorize Victory Service Dogs to use and/or disclose certain protected health information (PHI) about me to any business associate Victory Service Dogs deems necessary beginning with the application process, including service dog training and placement, and ending with termination with Victory Service Dogs. This authorization permits Victory Service Dogs to use and/or disclose the following individually identifiable health information about me: All personal health information relevant to relationship between applicant and Victory Service Dogs. Limited release of information (only as described below):

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\_\_\_\_\_ I elect to opt out of the release of my personal health information. The information listed above may be used or disclosed for, but not limited to, the following purpose(s), unless Veteran/FR has elected to opt out of releasing personal health information: Media publications, marketing promotions, determination of eligibility, customized training, service dog placement, grant writing, and fundraising purposes. The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. I do not have to sign this authorization to receive consideration from Victory Service Dogs. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to disclosure by the recipient and may no longer be protected by the federal HIPPA Privacy Rule. I have the right to revoke this authorization, in writing, except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to Victory Service Dogs, 770 Wooten Rd. Suite 103, Colorado Springs, CO 80915. I acknowledge receipt and understanding of this HIPPA Authorization for Release of Information.

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

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

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

Initials: \_\_\_\_\_

**Signatures must be hand signed and not electronically**

## Victory Service Dogs



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### SECTION 8 – MEDICAL PROVIDER CONTACT AND RELEASE

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The medical recommendation(s), for a service dog, will be sent directly from your medical provider. Please ensure your provider is aware of your request and on medical provider/office letterhead. The Provider's office will send the letter, directly to Victory Service Dogs, using the contact information on page 1. Victory Service Dogs may request specific/vital information pertaining to the Veteran/FR's medical condition/disability. Many disabled Veterans/FR's suffer from Post-Traumatic Stress Disorder (PTSD) along with depression, and the service dog plays a crucial role in the emotional stability of the Veteran/FR resulting in lifelong companionship. Some dogs are trained specifically for this purpose.

Name of Provider: \_\_\_\_\_

Please release the requested medical information regarding my condition to Victory Service Dogs. The information will be used to help the organization determine my abilities to obtain a service dog. Thank you.

Veteran/FR's Name (Please Print): \_\_\_\_\_

Veteran/FR's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax): (\_\_\_\_) \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signatures will be hand signed and not electronically**

### **End of Application**

By submitting this application, you are validating that the above information is truthful and honest to the best of your knowledge.

Applicants will receive a notification by phone and/or email regarding their eligibility after the entire application packet is received and reviewed by Victory Service Dogs, Inc. staff.

Your **required documents** which include your standard profile photograph, copy of DD214, member 4, first responder ID badge and/or orders to your transition battalion, VA compensation letter, and your doctor's medical recommendation, please **physically attach them to this application packet** before sending to Victory Service Dogs, 770 Wooten Rd. Suite 103, Colorado Springs, CO 80915.