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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/First Responder

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** handler/trainer of the dog and the dog **MUST** reside with the veteran/FR.
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. *This is a long process and not one you can or should race through.*
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. Clients with several unexcused absences or the inability to keep up their dog's training at home may fail out of the program.
5. Once a Veteran/FR's service dog has passed all of the tests required by the ADA, they will also need to re-certify every 1 year by taking a renewal 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.”

## Victory Service Dogs



**Dog Disclaimer** – Requirements for all dogs brought into the Victory Service Dogs program. This is to ensure all VSD dogs are of the highest quality, dogs that do not fit the VSD requirements will NOT be accepted.

- **Vaccination status:** Proof of all vaccinations is required, including Rabies, Distemper, and Bordetella.
- **Spay and Neuter status:** All service dogs MUST be fixed prior to completion of the program.
- **Breed recommendation:** The best dogs usually show high intelligence, have a friendly disposition, a calm demeanor, and a strong work drive. The breeds recommended by the ADI for service training are; Labrador Retrievers, Golden Retrievers, Standard Poodles (*and occasionally Golden Doodles, Labradoodles and Sheepadoodles*). We will accept any breed under 2 years old pending a dog assessment.
- **Dog Assessments:** All dogs are subject to an Assessment and Temperament testing before acceptance into the VSD program. **Any dogs with aggressive behavior or a history of biting will NOT be admitted into the program.** This is to protect you as our client, the general public, and our reputation as an organization. Contact VSD to set up a dog assessment before applying. The cost of the dog assessment is \$50.
- **PLEASE NOTE:** Clients may only have 2 dogs total (including service dog) living in their home. You may not add any other dogs to your residence once you have begun training and your dog passes certification as a service dog. Only once your service dog retires may you add another dog into your home. This is a non-negotiable rule and if it is broken, you may not continue with 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.**



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## APPLICATION CHECK-LIST

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Make sure the following required paperwork is attached or has been sent electronically or via USPS **BEFORE** submitting the application. Any missing document or missing signatures will cause the application to be returned.

- Completed** Enrollment Application and all required forms are **signed**
- 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)
- One of the following: Copy of DD214, Member 4, First Responder ID badge or retirement letter, and/or orders to your transition battalion
- VA Award Letter
- Medical recommendation from a doctor or mental health professional requesting the need for a service dog **NOT** emotional support animal (have provider send directly to Victory Service Dogs)
  - \*This letter requires the veteran’s full name, the doctor or mental health professional’s contact information (**clinic name, address, signature, contact information**).
- Reference Letters from two individuals (pg.10). These letters must be signed and mailed by the references, themselves, and the letter must contain: their name, address, phone number.

**\* Application and Supporting Documents can be dropped off , mailed, or e-mailed:**

Victory Service Dogs  
770 Wooten Rd. Suite 103  
Colorado Springs, CO 80915.  
email: [victoryservicedogsinc@gmail.com](mailto:victoryservicedogsinc@gmail.com)

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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: \_\_\_\_\_

What is your Annual Household Income: \_\_\_\_\_



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Cause of Disability (Simply listing “military service” is not applicable. Be as specific as you can):

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

Define your specific need(s) for a service dog and what you would like your service dog to do for you:

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How would you respond to the challenges of having a 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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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?

**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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History of addiction (substance and/or behavior):

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History of Anger Management:

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### Quality of Life Questionnaire

This Questionnaire is used to collect statistical data related to the effectiveness of the Service Dog Training Program and the impact it has on our clients. This questionnaire will be completed at the start of training and then again following the completion of the program. Individual responses will not be shared.

**Please indicate your current level of satisfaction of the following:**

	Very Poor	Poor	Fair	Good	Excellent	N/A
Physical health	1	2	3	4	5	
Mental health	1	2	3	4	5	
Professional life	1	2	3	4	5	
Family relationships	1	2	3	4	5	
Social relationships	1	2	3	4	5	
Leisure activities	1	2	3	4	5	
Ability to function in daily life	1	2	3	4	5	
Mobility	1	2	3	4	5	
Overall sense of well being	1	2	3	4	5	

**Are you limited in any of the following areas?**

	Very Limited	Sometimes Limited	Not Limited	N/A
Running errands	1	2	3	
Attending work/school	1	2	3	
Attending social events	1	2	3	
Household chores	1	2	3	



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Traveling	1	2	3	
Physical exercise	1	2	3	

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

**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? \_\_\_\_\_

**List ALL pets in the home (dogs, cats, birds, etc.):**

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

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

If “no” fenced yard, explain location for exercise and how you would exercise your service dog:  
\_\_\_\_\_  
\_\_\_\_\_

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**

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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

## Victory Service Dogs



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

**Yes**                      **No**

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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What is your usual transportation?

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### Dog Assessment

Do you already have a dog you would like to train for service dog work?    **Yes**                      **No**

**\*must be less than 2 years old and cannot have a bite history or health problems like heat stroke or hip dysplasia. (Refer to Dog Disclaimer on page 2 of application)**

Has your dog already been evaluated?                      **Yes**                      **No**

If yes, please provide results:

Date of assessment: \_\_\_\_\_                      Passed evaluation:    **Yes**                      **No**

If no, please contact Victory Service Dogs to set up an assessment. (Cost is \$50)

### Dog Care/Support System and References

Do you feel that you have a good support system that can provide care for your dog in an event of an emergency and attend classes on your behalf if necessary?

**Yes**                      **No**

The two individuals are: (please have these two individuals provide a **reference letter** for recommendation to the Victory Service Dogs program. They must also include they understand their responsibilities as your emergency dog care support.)

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

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

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

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

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

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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, and home inspection.**

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**

Do you understand that after graduation, you will be required to recertify every year? Failure to recertify would result in being dropped from the program and Victory Service Dogs will no longer recognize your dog as a service dog.                      **Yes**                      **No**

I have read the above release and understand and agree to the financial and training commitment required by Victory Service Dogs.

**Required\*** Signature: \_\_\_\_\_

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

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

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

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

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

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

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

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

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**SECTION 5 – MEDIA RELEASE (OPTIONAL)**

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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: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

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

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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 \$10,000, 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.

**Required\*** Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
**Required\*** Witness Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

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

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



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

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Victory Service Dogs is fully committed to compliance with HIPAA 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) 5 | 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 HIPAA 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 HIPAA Authorization for Release of Information.

**Required\*** 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 3. 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): \_\_\_\_\_

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

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

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

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

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

**Required\*** Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*Medical Provider must sign this form and their medical recommendation letter.** Failure to do so will cause the application to be returned.

### **End of Application**

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

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

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.