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Date: _____

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Date of Birth: _____ Height: _____ Weight: _____ Sex: _____

Are you currently employed? Yes No

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Employer's Phone: _____

Occupation: _____

The highest level of education you have completed: _____

Marital Status: Married Single Separated Divorced

Primary Emergency Contact:

Name: _____ Phone: _____

Secondary Emergency Contact:

Name: _____ Phone: _____

Veteran Status: _____

Years served: _____ to _____ Current Rank/Rank at time of discharge: _____

Military Branch: Army Navy Air-Force Marines Coast Guard

In what war or conflict(s) did you serve: _____

Have you been diagnosed with Post Traumatic Stress Disorder and/or Traumatic Brain Injury? Yes No

If yes, when and where was it diagnosed: _____

What Veterans hospitals have you been a patient: _____

Were you an inpatient? Yes No

If yes, please list dates and treatments: _____

Please list your disability(s) and limitation(s): _____

How long have you been disabled: _____

Do you require the assistance of an attendant? Yes No

If yes:

How often do you have an attendant? _____

What does your attendant do for you? _____

Is your attendant aware that you are applying for a service dog? Yes No

What are your expectations for/of your service dog:

What is your mobility?

Please list any and all of your support groups and organizations: _____

Have you experienced a spinal injury? Yes No

If yes, please list level of injury and details:

What is your overall physical strength? _____

Loss of arm strength: (Please check the level that you are generally at each day.)

Right Arm: Mild loss Moderate loss Severe loss No loss

Left Arm: Mild loss **Moderate loss** **Severe loss** **No loss**

Loss of fine motor skills in your hands:

Right Hand: Mild loss Moderate loss Severe loss No loss

Left Hand: Mild loss Moderate loss Severe loss No loss

Do you have any vision loss that can NOT be corrected with glasses? Yes No

If yes, explain:

on Speed: Normal Slightly impaired Moderately impaired Severely impaired

Endurance: High No limitations Moderate Mild

Balance: Normal Mildly impaired Moderately impaired

Balance: Normal Mildly Impaired Moderately Impaired Severely Impaired

Hair Cell Sensitivity: Normal Impaired

Heat Sensitivity: Normal Impaired

Oral speech is clear

Distorted, but understandable

Few people can understand me other than family members

No speech at all

My speech is: High-pitched Low-pitched

Do you use a wheelchair? Yes Manual Electric

No

If yes:

How much time do you spend in the wheelchair each day? _____

If your wheelchair is electric, where is the control panel located? _____

Do you have any other challenges in addition to your disability? Yes No

If yes, explain: _____

Do you use any of the following devices: (Please check all that apply)

Walker Forearm/Canadian Crutches Cane Regular Crutches

Any other devices? (Please List) _____

Are you able to walk? (Slowly, short distances, etc.) Yes No Normally

If yes, but limited, please explain: _____

Are you able to perform everyday tasks such as:

Feeding yourself: Yes No

Dressing yourself: Yes No

Personal Hygiene: Yes No

Maintain your own residence: Yes No

Manage your own finances: Yes No

Utilize outside services: Yes No

If your answer was no to any of the above tasks, who does these things for you? _____

Are you, or is anyone, who lives with you, allergic to dogs: Yes No

If yes, to what extent? _____

Do you have any animals in your home at this time? Yes No

Please list all animals (name, age, type of animal, etc.): _____

Do you have any outdoor animals? Yes No

If yes:

How many? _____

What kind? _____

Do they ever come indoors? Yes No When? _____

How many people live in your household? Please list name, age, and relationship to you:

Name: _____ Age: _____ Relationship: _____

Do you plan to move in the near future: Yes No To Where? _____

Do you live in an: Apartment

Duplex

Mobile Home

House

Dorm

Other (please list): _____

If you rent, Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone: _____

Is your Landlord aware you are applying for a service dog? Yes No

Do you have a yard? Yes No Is it fenced? Yes No

Have you ever had a service dog from another agency? Yes No

If yes:

Name of the agency: _____

Address of the agency: _____

Phone number of the agency: _____

When did you receive this dog? _____

Where is the dog now? _____

How long did you have this dog? _____

If you've had more than one dog, were they from the same agency? Yes No

Have you ever owned a pet dog? Yes No

If yes:

When: _____

What breed of dog was it? _____

Will you be able to walk your service dog yourself? Yes No

If no, whom will you arrange to walk and clean up after your dog? _____

Will you be able to feed the dog yourself? Yes No

If no, who will feed the dog daily? _____

How many hours a day will your service dog be alone? _____

Explain: _____

How much will the dog travel with you? _____

Do you plan to take your service dog to work with you? Yes No

If yes:

Have you already discussed this with your employer? Yes No

Does your employer have any concerns about you bringing your service dog with you? Yes No

If Yes, Explain: _____

Have you ever had a negative experience with a dog? Yes No

If yes, please explain: _____

What breed was the dog? _____

Is there any particular breed you would NOT want as a service dog? Yes No

If yes, please explain: _____

Do you feel you have adequate knowledge of service dogs and what their care involves: Yes No

If no, are you willing to learn more about service dogs? Yes No

Are you willing to accept full responsibility for your dog's health? Yes No

Will you accept full responsibility for your dog's behavior? Yes No

Do you have the facilities for regular exercise for the dog? Yes No

Describe the facilities: _____

How do the other people in your household feel about you getting a service dog? _____

How do your friends feel about you getting a dog? _____

How do you feel a service dog can help you? Please describe: _____

What is your primary goal you plan on achieving with your service dog? _____

The average food expense for a service dog is \$250-\$300.00 or more annually. The veterinary expense for a dog is \$120-\$200.00 or more annually.

Can you afford this expense? Yes No

If not, please explain: _____

What tasks do you want your service dog to perform? Please list them in priority order:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Which of the following words describes the dog you would like to have? Check all that apply.

Serious	Indifferent	Distracted	Slow	Calm
Manipulative	Stubborn	Willing	Attentive	Energetic
Sensible	No-Nonsense	Responsible	Smart	Protective
Resistant	Dependable	Stable	Confident	Happy
Sweet	Easygoing	Jealous	Fearful	Independent
Assertive	Devoted	Submissive	Friendly	Dependent
Loving	Trusting	Excitable	Joking	Foolish
Communicative	Playful			

Which of the following describes the traits you would not want in the dog? Check all that apply.

Serious	Indifferent	Distracted	Slow	Calm
Playful	Manipulative	Stubborn	Willing	Attentive
Energetic	Sensible	No-Nonsense	Responsible	Smart
Protective	Resistant	Dependable	Stable	Confident
Happy	Sweet	Easygoing	Jealous	Fearful
Independent	Assertive	Devoted	Submissive	Friendly
Dependent	Loving	Trusting	Excitable	Joking
Communicative	Foolish			

Please rate yourself in the following areas. High is 5, low is 1.

1. Enjoys contact with people
2. Likes to take risks
3. Easily expresses emotions
4. Likes to be in control
5. Easily bored with people
6. Determined to accomplish goals
7. Assertiveness
8. Self-confidence
9. Ability to respond rationally to crisis
10. Ability to accept criticism or correction
11. Willing to learn new concepts, even if different from their own
12. Ability to laugh at self
13. Personal exuberance
14. Sensitive to others emotions
15. Personal shyness
16. Responsibility
17. Ability to control feeling or emotions

18. Desire to please others

19. Creativity

Please describe personal/physical care management practices that could affect the assistance dog placement:

Did you need help to fill out this questionnaire? Yes No

We appreciate your time. The more we know about you, the easier it is to choose a dog with the right qualifications to work best with you.

Signature: _____ Date: _____

To assist us in fund raising, please answer the following questions:

Your answers to these questions are optional, not required. These questions are for statistical record keeping required by most grants. Your answers to these questions have no effect on your application whatsoever.

Are you familiar with American Disability Act? Yes No

Are you on public assistance? Yes No

What form(s) of assistance do you receive? _____

Are you a client of Vocational Rehabilitation? Yes No

How did you hear about the Dog Tag Buddies program? _____

Should I be accepted into the Dog Tag Buddies Service Dog program, we, the undersigned, will be required to demonstrate aptitude, competency, and a commitment to follow Dog Tag Buddies education, standards and training. The undersigned agree that if any of the standards of veterinary care, health, grooming, cleanliness, and housing are not met, or if the dog is repeatedly placed in danger or is receiving negligent care and/or treatment, Dog Tag Buddies has the absolute unequivocal right to permanently remove the dog from our possession with or without notice. The undersigned agree that in this case no compensation and/or refund of the sponsor's placement costs will be returned.

We understand that contributions are not payment for a service dog, nor a guarantee I will receive a service dog. While contributions may be given to Dog Tag Buddies on behalf of a particular veteran, we understand those funds do not constitute a purchase. After we, the primary and secondary caregiver, have successfully completed educational training and made the required preparations to receive the service dog, Dog Tag Buddies service dog placement will proceed with the recipient and his or her family.

If at any time during the fundraising process or during team training, a Dog Tag Buddies representative determines you, a caregiver, partner or family is unsuitable to continue placement of a (service) dog, Dog Tag Buddies may exercise its right as stated above to withdraw the service dog without monetary reimbursement to any party.

Signature: _____ Date: _____

I, _____ do hereby give my permission to Dog Tag Buddies to use any comments I make and any pictures or video tapes of me, both during training and after I receive my companion or assistance dog, for publicity. This permission continues until such time as I give them written notice rescinding said permission.

Signature: _____ Date: _____

To submit, click on the SUBMIT button or save and email to dogtagbuddies@gmail.com