



IST PTSD Service Dog Application

ITEMS MARKED WITH * ARE MANDATORY REQUIREMENT ENTRIES

CONTACT INFORMATION:

- * Applicant Name: a) First Name b) Last Name
- * Phone: a) mobile b) Landline
- * Physical Address: a) Street Address, Apt number b) City
c) State d) Zip Code
- * Primary Email Address:
- * Emergency Contact Information:
 - a) Name (first and last) b) cell phone number
 - c) secondary phone number

MILITARY INFORMATION:

- * Military Branch you served in:
- * How many years did you serve?
- * Are you able to provide us with a copy of your DD214?

HEALTH CARE INFORMATION:

- * Are you currently receiving any VA benefits? a) yes b) no
- * Do you have any health issues that you would like to have a confidential conversation with our application evaluators about?
Health concerns will not prevent you from getting a dog from us, however we need to be aware of any issues that might be a factor in helping us choose the proper dog for you.
- * Can you provide a letter from a health care provider stating you require or would benefit from a Service animal? a) yes b) no
- * Have you ever considered hurting yourself or others?
- * Are you currently in any form of counseling? If yes, how often and where do you attend?

EMPLOYMENT INFORMATION:

- * Are you currently employed? a) yes b) no
If so, how many hours per week do you work?
- * Will you require your PTSD Service Dog to accompany you to work?
a) yes, always b) yes, occasionally c) no, never

PERSONAL AND LIVING ARRANGEMENT:

- * How many people currently live in your household?

What is the age range?

- * Do you own your home or rent? a) own b) rent

If you own your home can you provide proof of ownership? a) yes b) no

If you rent please provide the name and contact information of your landlord

- * How social are you?
 - a) very, I leave the house 5+ days/week
 - b) somewhat, I leave the house 3-4 times/week
 - c) a little, I leave the house 1-2/week
 - d) not very

- * How often do you exercise?
 - a) regularly, 5+ times/week
 - b) often, 3-4 times/week
 - c) somewhat often, 1-2 times/week
 - d) not very often

ANIMAL CARE

- * Do you currently have any other animals living in your home?
 - a) yes
 - b) no

- * If yes, how many?
 - a) 1
 - b) 2
 - c) 3+
 - d) not applicable

- * Are they current on their vaccinations?
 - a) yes
 - b) no
 - c) not applicable

- * Do you want to have your own pet temperament tested to be able to train as a Service Dog?
 - a) yes
 - b) no

- * If you require a dog, what size dog are you looking for? (we do not accept breed preference, but will select a shelter dog by size, temperament and availability)

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- * Are you willing to commit to attending 8-10 months of dog training classes (one class per week)?
 - a) yes
 - b) no

- * What are five tasks you want your new companion to do for you?
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- * Do you believe your current situation will allow you to keep a Service Dog for at least 8-10 years? a) yes b) no
 - * Will your service dog spend most of its time with you both at home and outside of the home (and not confined alone/by itself)?
a) yes b) no
 - * Do you understand that a Service Dog is not a family pet and has been trained for specific tasks to perform for you and should therefore interact mainly with you? a) yes b) no
 - * Do you acknowledge that by taking one of our Service Dogs, you are a representative of Ibi Semper Training, Inc and the Service Dog industry and will be expected to maintain both your dogs training skills and your skills as an owner/handler? a) yes b) no
 - * Do you agree that your Service Dog will not be off it's leash except in a secure area? a) yes b) no
 - * Do you agree that you will take full responsibility for the care of your Service Dog as far as their safety, health and welfare? a) yes b) no
 - * Do you or a qualified person feed your Service Dog a good quality food twice a day and maintain its ideal weight? a) yes b) no
 - * Will you or a qualified person ensure your Service Dog gets daily exercise?
a) yes b) no
 - * Will you or a qualified person take full responsibility for cleaning up after your dog in public places? a) yes b) no
 - * Do we have your permission to contact anyone who is listed on this application

if we need further information? a) yes b) no

* When are you available to attend classes?

- a) Afternoon b) Evening c) Either, I am available both afternoons
and evenings

How did you hear about IST? a) Facebook b) Friend c) Family

d) Current Client of IST e) Newspaper

f) Other: _____

* Upon successful completion of classroom training we begin Public Access training, which is done at various locations in the Capital District. Do you have reliable transportation to get you and your Service Dog In Training to and from all training and public access classes for an 8 months period?

- a) Yes, I will drive myself b) Yes, I have someone that will provide reliable
transportation c) No, I don't have transportation

* List 3 personal references we can contact. Name, relationship, phone number

* I understand that, if I do not complete this program in it's entirety, my dog will not be designated as an Ibi Semper Training, Inc trained Service Dog. It will be considered my pet and will remain in my care.

☐ By checking this box I certify that I fully understand and agree to these terms.

I _____ (print name) have answered
honestly and to the best of my ability

Please print this form and sign in box below at Orientation.

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