



## Veteran Service Dog Application

Thank you for your interest in our Service Dog program.

Retrieving Freedom, Inc.'s (RFI) mission is to train and place Service Dogs with veterans and children with autism. As defined by the American with Disabilities Act, a Service Dog is a dog which has been specifically task trained to support a specific person with a disability. Over the course of two years puppies, RFI primarily uses labrador retrievers, are taught basic commands, socialized, and evaluated for suitability as a Service Dog. Puppies are matched to their program, and eventually the veteran they will team with.

RFI serves veterans of all eras who have a service-connected disability rating. We are able to task train Service Dogs for veterans with physical limitations such as limb loss, neurological limitations such as TBI, and psychiatric limitations such as PTSD. RFI is unable to task train Service Dogs for all disabilities and does not currently train for seizures, diabetes, migraines, food allergies, or hearing loss, among others.

This application will help determine your initial eligibility to receive a Service Dog from RFI's program. Please complete this application fully for consideration. Once the application is received, RFI will review it, and, if it is determined you meet the criteria for advancement, you will be given directions for the next step in the application process. This next step involves gathering more information, including mental health form, medical diagnosis form, letters of recommendation, background check, consent forms, DD214, VA award letter, and information about our application photograph requirements. Submission of your program application does not guarantee acceptance into the program nor guarantee a Service Dog placement.

RFI is an accredited member of Assistance Dogs International (ADI), and we respect the privacy of our applicants and clients and all information is kept confidential. As a member of ADI, veterans teamed with Service Dogs in our program may have the ability to acquire insurance for their Service Dog through the Veteran's Health Administration.

It is RFI's protocol to treat everyone who encounters our organization and its employees with respect and dignity. RFI conducts business, including the application process and program acceptance process, in a manner that does not discriminate against anyone for reason of race, color, religion, gender expression, age, nationality, disability, marital status, sexual orientation, or military status, the presence of mental or physical disability, or any other factor prohibited by law.





Do you have a local support network you can rely on when you need help?

Yes       No

If yes, describe: \_\_\_\_\_

Are you financially and physically able to support a Service Dog's needs, including feeding, grooming, exercise, training, and veterinary costs at an estimated cost of about \$2000 per year?  Yes       No

Have you ever been convicted or found guilty of a criminal offense?  Yes       No

If yes, describe the offense, details of the offense, and the outcome: \_\_\_\_\_

\_\_\_\_\_

Do you have a history of alcohol or substance use disorder?  Yes       No

If yes, how long have you been sober or in recovery: \_\_\_\_\_

Have you had any attempts or thought of self-harm in the past 12 months?

Yes       No

### **Applicant's Service**

What branch of the military did you serve in?

Air Force     Army     Coast Guard     Marine Corps     Navy     Space Force

When was your discharge date? \_\_\_\_\_

How long did you serve? \_\_\_\_\_

What was your highest rank? \_\_\_\_\_

During your time in service, did you take part in combat operations?  Yes       No

If yes, please list the combat theater or combat campaigns: \_\_\_\_\_

\_\_\_\_\_



**Service Dog Information**

What is your goal for being teamed with a Service Dog? \_\_\_\_\_

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What is the primary disability you feel a Service Dog could help you with? \_\_\_\_\_

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What tasks do you think a Service Dog could do to help you? \_\_\_\_\_

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How do you feel your life would be different if you are teamed with a Service Dog? \_\_\_\_\_

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Even though Service Dogs are helpful in managing disabilities, they also require daily and acute care. Please help RFI understand how you will care for the following care areas:

Exercising (about 30 minutes a day): \_\_\_\_\_

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Feeding: \_\_\_\_\_

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Grooming: \_\_\_\_\_

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Toileting (at least 4 times a day): \_\_\_\_\_

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Training (about 20 minutes a day): \_\_\_\_\_

\_\_\_\_\_

Veterinary Care: \_\_\_\_\_

\_\_\_\_\_

Service Dogs will often need a backup care plan if their veteran faces a medical emergency. Please describe how you have prepared for a Service Dog's care during a short-term or long-term medical emergency.

\_\_\_\_\_

\_\_\_\_\_

Service Dogs are still dogs. How would you handle a situation where a Service Dog showed behavior problems?

\_\_\_\_\_

\_\_\_\_\_

Service Dogs come with a financial cost, such as food, grooming, medications, and veterinary visits. What plan do you have to handle this added cost to your monthly budget (about \$150/month)?

\_\_\_\_\_

\_\_\_\_\_

### **Medical Information**

List your current disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your VA combined disability percentage? \_\_\_\_\_



Please provide the disability percentage breakdown that makes up your VA combined disability rating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do your disabilities affect your daily life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do your disabilities limit your physical abilities or activities?  Yes  No

If yes, how? \_\_\_\_\_

\_\_\_\_\_

Do your disabilities impact your mental state or cognitive abilities?  Yes  No

If yes, how? \_\_\_\_\_

\_\_\_\_\_

Do you use any medical or assistive devices? (ex. Cane, wheelchair, hearing aid, CPAP, etc.)

Yes  No

If yes, what do you use? \_\_\_\_\_

\_\_\_\_\_

Are you currently under the care of a primary care provider (PCP) or specialist for a physical or neurological condition?  Yes  No

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

Are you currently under the care of a psychiatrist or therapist for a psychological condition?

Yes  No

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



**Household Information**

Please list everyone who will live in the household, including the applicant:

Name	Age	Gender	Relationship to applicant	Are they employed?	Occupation (if applicable, list student)

Are the adults in the household supportive of a Service Dog entering the environment?

Yes       No

Do you live in a:  Single Family Dwelling     Apartment/Condo     Duplex/Town Home  
 Other (please describe): \_\_\_\_\_

How long have you lived at this residence? \_\_\_\_\_

Do you own or rent your home?     Own       Rent

If you rent, please explain the rules regarding animals: \_\_\_\_\_  
 \_\_\_\_\_

Are you expecting to move in the next 12 to 24 months?  Yes       No

Has the applicant had a negative experience with or towards dogs or any other animal?

Yes       No

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



Please list pets inside or outside the home:  Not Applicable

Species	Age	Sex	Spayed/Neutered		Where pet lives
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever given away or surrendered a dog to a shelter or rescue?  Yes  No

If yes, please describe: \_\_\_\_\_

As part of processing this application, RFI may contact your current veterinarian, if applicable, to ask about health care provided to your current or previous pets. Please list a veterinarian who can attest to this information.

Veterinarian's Name: \_\_\_\_\_

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

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

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

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

This veterinarian or clinic:

Treats my current pets  Treated my pets in the past

Does your home have a fully fenced yard?  Yes  No

If yes, please describe fence type and characteristics: \_\_\_\_\_



**Employment Information**

Are you currently employed?  Yes  No

If yes, do you intend to take the Service Dog to work with you?  Yes  No

If yes, have you spoken to your employer about having a Service Dog at work?  
 Yes  No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

What does a typical workday look like for you? \_\_\_\_\_

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**Comments**

Please share additional thoughts or comments you would like to provide RFI in the application process:

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**Signature**

By signing my name below, I attest the information I have provided is true to the best of my knowledge, up-to-date, and accurate. I understand this application does not guarantee acceptance into the program nor does it guarantee a Service Dog placement.

By signing my name below, I authorize RFI to evaluate my application for their Service Dog program, and, if selected to continue with the application process, I agree to submit any needed additional information and documentation. I agree, if selected to continue, to give any needed updates regarding my health, living situation, and other requested items.

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

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

For questions or to email the application please send to:

[ClientServices@retrievingfreedom.org](mailto:ClientServices@retrievingfreedom.org)

Mail application to:

Retrieving Freedom  
Attn: Client Services  
20360 Tangle Nook Road  
Sedalia, Mo 65301