

**Grayson County K9 Program
(GCK9P)
Veteran Application Form**

Name: _____

Address: _____

Phone numbers: Hm. _____ Cell. _____ Work _____

Email Address: _____

Married/Single:

Service record (Attach on additional page)

Applicant must submit their application for final review to the GCK9P veteran review board for final approval. Veterans participating in the GCK9P agree to the terms and restrictions outlined by the GCK9P board. Canines must be given humane treatment, regular exercise and be properly maintained. Under the rules of the GCK9P if a canine cannot be maintained or controlled in the prescribed manner the veteran will relinquish ownership of the canine back to the GCK9P at the program's discretion and without cost.

Applicant Questions (Circle one of two answers provided when applicable):

Has the applicant ever owned a dog? Yes No

What breed? _____

For how long was the dog owned? _____

Were any awards or titles for training received? Yes No Describe the award. _____

Does the applicant currently own any other animals? Yes No

Describe _____

What medical conditions or physical restrictions does the applicant have? Allergies, PTSD, etc.

Detail such conditions. _____

What financial means does the applicant have for any specialized training or care that might be needed for their dog?

Describe the living conditions that the canine will be provided. _____

What expectations does the applicant have for the service the GCK9P dog will provide for them?

Is the applicant willing to participate on an ongoing basis with the GCK9P? Public activities, fund raising events, dog training, etc. Yes No

PTSD applicants must attend the Grayson County BEITZ peer-to-peer group meetings as part of the application process. Have you attended? Yes No

What other medical conditions do you have in addition to PTSD? _____

Are you a spouse of a deceased or disabled veteran? Yes No

Applicants must have letters of recommendation for a Service Dog from a licensed Mental Health Care Provider. Is that recommendation attached? Yes No

Is the recommendation for a Service Dog from the Veterans Health Care System or a Civilian Mental Health Care Provider (circle one)?

Does the veteran or spouse of deceased or disabled veteran agree to back ground checks? Yes No

I certify that all statements made by me on this application agreement are true and correct. I agree that the GCK9P has the right to confiscate the Service Animal they provide in the event that any statements made by me are found to be false and/or my check for the adoption fee of \$100 is returned for insufficient funds.

DATE: _____

ADOPTER'S SIGNATURE

DATE: _____

GCK9P REPRESENTATIVE