



CUSTOM CANINES  
SERVICE DOG ACADEMY

www.CustomCanines.org

Custom Canines Service Dog Academy  
P. O. Box 105 • Sun Prairie, WI 53590  
Phone: 844-888-8850 • Fax: 1-844-888-8850

APPLICATION FOR PTSD DOG

**For CCSDA Use Only** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dog's Name: \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HV Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approved:  Yes  No

Date of Placement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Items Issued: \_\_\_\_\_

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CCSDA Representative Assigned: \_\_\_\_\_

Approved With Conditions (*explain*): \_\_\_\_\_

Reason For Denial: \_\_\_\_\_

CCSDA I. D. No: \_\_\_\_\_ Microchip No. \_\_\_\_\_ Tattoo No. \_\_\_\_\_

Below section of the application is to be completed by the applicant applying for a Custom Canines Service Dog Academy service dog.

**Personal Information**

*Before completing this application, please read our Application and Placement Policies and Applicant Agreement at the end of this application.*

Applicant Name: \_\_\_\_\_  
(First, Middle, Last – No Nicknames)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male:  Female:

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

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

E-mail Addresses: \_\_\_\_\_ / \_\_\_\_\_

Phones: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ AW2: (Circle) Y N

If applicable, please submit a copy of your **DD214 Certificate of Release or Discharge from Active Duty** with your application.

**Employment Information**

Name of Employer: \_\_\_\_\_

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

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

Supervisor \_\_\_\_\_ / \_\_\_\_\_  
(Name/Phone Number)

Source(s) of income: Job:  Social Security:  Disability:

Other: \_\_\_\_\_

If employed, a volunteer, or both, please tell us:

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

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

Supervisor: \_\_\_\_\_  
(Name/Phone Number)

Full Time:  Part Time:  Hours/Week: \_\_\_\_\_

How long have you been employed here? \_\_\_\_\_

Describe your work/volunteer activities in helping us understand what a service dog would encounter in this environment:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

Nearest Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Veteran Status**

Date of Disability: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Active Duty Injury: (Circle) Y N

Define Disability (please be as specific as you can):  
\_\_\_\_\_  
\_\_\_\_\_

Cause of Disability (please be as specific as you can):  
\_\_\_\_\_  
\_\_\_\_\_

Define Specific Need for a Service Dog (please be as specific as you can):

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**Household Information**

Names and ages of people living in the home and/or taking care of the disabled veteran on a daily basis:

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

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

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

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

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

Have all members of the household agreed to have a service dog in the home? **Yes**  **No**

Do all members of the household agree to help care for the service dog if required? **Yes**  **No**

Who will be the primary person responsible for your Service dog? \_\_\_\_\_

Are you willing to take responsibility for a dog for the next 10 or more years? \_\_\_\_\_

How much do you estimate it will cost to care for a dog for one year (food, vet bills, etc.)? \$ \_\_\_\_\_

Does anyone in your household have allergies to animals? **Yes**  **No**

**If yes, explain:**

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Have you ever, and under what circumstances, brought an animal to a shelter or rescue or humane society?

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Do you:  Own  Rent\*\*\* How long have you lived at this address? \_\_\_\_\_

House  Apartment  Townhouse  Condo  Mobile Home

**\*Landlord's Name** \_\_\_\_\_

**\*Does your current rental allow pets? (Under ADA Law a service dog must be permitted),** however, this question tells us something about how this might be received, and we can help you with this process of educating the landlord and neighbors

Do you anticipate a move within the next few years? **Yes**  **No**

Do you have a completely fenced yard? **Yes**  **No**

If yes, type of fence: Wood:  Chain Link:  Electric Fence:  Height: \_\_\_\_\_.

If no, or it is not completely fenced, how will you contain a service dog on your property?

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Is there a pool? **Yes**  **No**  If yes, is it secured?

Have you checked your yard for dangerous objects or plants? **Yes**  **No**

Results:

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Are there distractions outside your yard? Neighboring Dog:  Loose Dogs:  Busy Street:

Children:  Other:  Describe:

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### Equipment Required

**Please check equipment you use:**

Wheelchair: Manual  Power  Both  Crutches  Hearing Aid  Cane  Prosthesis

Wrist Braces  Walker  Leg Brace  3-Wheel Electric Scooter

**Other: (specify):** \_\_\_\_\_

### Strength Assessment

Rate your physical strength on a scale of 1 to 10:

**(1 = Least and 10 = Most)**

Right Hand: \_\_\_\_\_ Left Hand: \_\_\_\_\_ Right Arm: \_\_\_\_\_ Left Arm: \_\_\_\_\_

Right Leg: \_\_\_\_\_ Left Leg: \_\_\_\_\_ Upper Body: \_\_\_\_\_

# Medical History

## Physician's Release

Pages 5 through 7 to be completed by *Primary Care Physician* and returned directly to  
**Custom Canines Service Dog Academy**

Attn: Nicole Meadowcroft

P. O. Box 105 • Sun Prairie, WI 53590

Or attach and send -via- e-mail to: [nicole@customcanines.org](mailto:nicole@customcanines.org)

## Physician's Release:

Name of Doctor: \_\_\_\_\_

Please release the requested medical information regarding my condition to **Custom Canines Service Dog Academy**. The information will be used to help the organization determine my abilities to obtain a service dog. Thank you.

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Physician Contact Information:

Doctor/Therapist Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

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

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

## Patient Status:

Define primary disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause of disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Attendant care, personal assistance required: \_\_\_\_\_

At what age was the patient disabled? \_\_\_\_\_ is the disability progressive? Yes  No

Are there significant secondary disabilities? \_\_\_\_\_ if yes, please describe:

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At what age was the patient disabled? \_\_\_\_\_ is the disability progressive? **Yes**  **No**

Is there incapacity due to drug or alcohol abuse? (Check)? **Yes**  **No**

**Effects of Veteran's Disability (Please check all that apply)**

Muscular Weakness  Vision Impairment  Memory Loss  Hearing  Deafness   
Speech Impairment  Limited Mobility  Delayed Development  Reduced Stamina   
Spasticity  Coordination Problems  Range of motion, endurance, balance issues  None

**Other:**

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**Patient Side Effects (please check all that apply):**

Balance  Depression  Allergies  Anger  Heightened Seizures  Emotions   
Brittle Bones  Chronic Pain  Seizures  Heat/Cold Sensitivities

**Equipment Required (please check all that apply):**

Wheelchair: Manual  Power  Both  Crutches  Hearing Aid  Cane  Prosthesis   
Wrist Braces  Walker  3-Wheel Electric Scooter  Leg Brace

**Other:**

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Modes of Transportation Used: Car:  Bus:  Van:  Taxi:

Does patient drive: Yes  No

**Activity of Daily Living (ADL)**

**Please Indicate: "Y" = Yes "N" = No "S" = Slight**

1. Able to sustain an attention span ( )
2. Manifesting inappropriate behavior beyond his or her control ( )
3. Able to control physical and motor movement sufficient to sustain ADL ( )
4. Able to exercise judgment to make decisions necessary for ADL ( )
5. Capable of perception and memory to sustain ADL ( )
6. Able to follow directions and learn to a degree necessary for ADL ( )
7. Under medication which impairs physical or mental functioning ( )
8. Capable of decisions concerning self and others' needs and safety ( )

**Overall Assessment**

Would you recommend this individual for a Custom Canines Service Dog Academy service dog?

Yes  No

Do you think Custom Canines Service Dog Academy would benefit from a consultation with you to help facilitate placement of a service dog for this patient? Yes  No

Do you think this individual has the ability to care for a dog or implement the help? necessary to care for a service dog? Yes  No

**Additional Comments and Observations**

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Physician's

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

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



**CUSTOM CANINES**  
SERVICE DOG ACADEMY

[www.CustomCanines.org](http://www.CustomCanines.org)

## Pet History

Do you CURRENTLY own any other pets? If so, list them here:

Name						
Species/ Breed						
Age						
M/F						
<u>N</u> eutered <u>S</u> payed, or <u>I</u> ntact						
Dominant/Submissive Gets Along Fine with other dogs, children, cats, etc? Any behavior issues?						
Where is this pet kept during the day and night? How long have you had this pet						

List all animals (birds, cats, dogs, etc) you once owned but no longer own, since you turned 18: (add additional pages if needed).

Name of animal						
Species/Breed						
M/F						
<u>N</u> eutered <u>S</u> payed, or <u>I</u> ntact						
Age when you got it & how long you had it						
Where kept During day, night (be specific, i.e. crate etc						
Reason you no longer have it; if pet is deceased, list age of pet when it died and cause of death						



Are you able to meet the needs of a CCSDA in terms of regular veterinary care, heart worm and external parasite prevention, feeding high quality dog food, treats, grooming, exercise, play, training, and yard clean up? Will you need assistance, either physically or financially, and if so, who will provide this assistance?

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How do you foresee giving a service dog exercise and play?

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**Personal Interests, Skills & Activities**

Please describe your basic daily schedule, activities, environments visited, how you spend your time in a typical week: (M-F may be the same, Sat and Sunday different from weekdays).

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Please add any other activities or interests, travel, hobbies, recreational activities you enjoy.

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Do you foresee having your service dog accompany you in your daily activities and special events? To what extent?

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**List 2 Personal References**

Please list **two** personal references. (**NOTE: One reference must be a non-relative**) Include Name, Relationship, Address, Telephone Numbers (please include best time to contact), and Email Address: \*you may list a 3<sup>rd</sup> reference as an alternate.

**Reference # 1**

Name: \_\_\_\_\_  
(First, Middle, Last)

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

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

E-mail Addresses: \_\_\_\_\_ / \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

How long have you known them: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Best time to contact them? \_\_\_\_\_ Best way to contact: \_\_\_\_\_

**Reference # 2**

Name: \_\_\_\_\_  
(First, Middle, Last)

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

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

E-mail Addresses: \_\_\_\_\_ / \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

How long have you known them: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Best time to contact them? \_\_\_\_\_ Best way to contact: \_\_\_\_\_

**Veterinary Information**

Please list any veterinary reference(s). Please include current & previously used veterinarians used for your current pets. If you currently do not have a vet, please list the vet you plan to use for your new **CCSDA**. *You must call your veterinarian and inform them that we will be calling to check on your pet's records.*

You should do this soon after receiving confirmation from us that we are processing your application, otherwise it may result in a delay in processing your application. You have to have your vet reference processed in order to be eligible to work with a Custom Canine Service Dog candidate. Please inform your vet that you are authorizing the release of these records/information to the **CCSDA** representative who calls them. Thank you.

Vet's Name	Clinic Name	Address Including city/state	Phone number Include Area Code, email address (if applicable)

The above listed Vet is:  My current Vet  The Vet I plan to use with my new pet

**Please tell us in your own words**

Why do you want a Service Dog? What changes/benefits do your life do you foresee a service dog bringing to you?

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Describe your ideal dog (i.e. temperament, skills, activity level, size, male or female, breed preference?)

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Tell us how you feel about learning about service dog handling skills, attending training classes, working with volunteers during placement and transitioning, giving the time and energy needed to create and foster a working bond with a new dog?

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Tell us any other information about yourself and your application for a CCSDA that you would like to include:

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**Thank you for your application to CCSDA!**

## **CCSDA Application and Placement Policies**

### **APPLICANT AGREEMENT**

- I certify that the information I provided in this application is true and correct.
- I understand that to complete the processing of this application, a visit to my home will need to be scheduled by a representative of the organization. All members and pets living in the household must be present at the time of the visit. A visit to your workplace, if you are applying for a full service dog, may also be conducted.
- I authorize Custom Canine Service Dog Academy to contact any and all references to verify the information that I have provided.
- I acknowledge that any misrepresentation or falsehoods will disqualify our application. I also acknowledge that any misrepresentation/falsehood may result in termination of the placement. **CCSDA** reserves the right to refuse or deny any application.
- **CCSDA** will keep your application on file for one year. After that you will be required to fill out a new application.
- Applicants must live within the **CCSDA** service area.
- **CCSDA** may require further medical information not included on this initial application in order to process your application for a **CCSDA**.
- All applicant information will be kept confidential and the property of **CCSDA**.
- Acceptance of this application does not guarantee a placement with **CCSDA**, or a placement within any given time frame. Placements are not on a “first come, first served” basis, but are based on a careful match of skills, needs, and personalities of dogs and people alike.
- Applicant acceptance is decided without regard to race, religion, gender, or sexual orientation.
- I agree that I will attempt to help **CCSDA** in other ways as I am willing and able: with potential recipients or volunteer trainers in the training room, in fund raising efforts, in communication with the public or other clients and volunteers, etc.
- I understand that any financial gift I may choose to donate to **CCSDA** is fully tax deductible.
- I understand that a **CCSDA** dog is a helper to me but not responsible for my health or safety either by protection in home or public, alerting to dangers, or alerting others that I may need help, or delivering medications to me.
- I understand that I am responsible for the health and well-being of the service dog by providing appropriate veterinary care, grooming, high quality food, exercise, licensing, and safety.
- I understand that all service dogs in public must be on leash, unless in a dog-designated and secure off-leash area.

- I agree to have my **CCSDA** dog wear his/her vest in public and carry the ID card with me for purposes of identification as a **CCSDA** dog.
- I agree that any cost for my own travel or my own accommodations or meals during the placement process is my own financial responsibility and not covered by **CCSDA**.
- I understand that my own pets must meet the behavioral and health standards of **CCSDA** in order for a placement to occur.
- I agree not to add a new pet into my home in the first two years of placement.
- I agree to participate in Public Access testing on a periodic basis as determined by **CCSDA**.
- I agree to fully participate in home visits, interviews and training sessions as directed by **CCSDA** during the application/placement process.
- I understand that at any time during the placement process; if the **CCSDA** staff determines I am unable to meet the standards to manage care and safety for the service dog, **CCSDA** reserved the right terminate placement activities.
- I understand that if I move out of the **CCSDA** service area, I will no longer be eligible to receive support services after placement occurs.
- The **CCSDA** Board of Directors reserves the right to change these policies at any time.
- I agree that this dog is the property of **CCSDA** and I/we will not GIVE, SELL, TRADE, ABANDON, SURRENDER OR OTHERWISE TRANSFER ANY TYPE OF OWNERSHIP/GUARDIANSHIP, PHYSICAL POSSESSION OR RESPONSIBILITY for this dog to any other persons/Individuals or organization (shelter/rescue/vet or otherwise) for any reason whatsoever.
- If I can no longer keep the dog I agree to notify Custom Canine Service Dog Academy. **CCSDA** will determine the best possible outcome for the service dog, taking into account the circumstances that have caused this inability to keep the dog with the client. In the case of death or changed medical conditions of the client, it may be determined, if the family wishes, that they retain the dog.
- I agree that **CCSDA** will be held completely harmless for any medical problems, behavioral problems or any incidents that may occur after placement of the **CCSDA**.
- The recipient agrees to follow support services recommendations or requirements after placement for maintaining training, behavior management, veterinary care, health, care, grooming, Public Access testing for re certification.

**Applicant's Signature**

Applicant's Signature: **X** \_\_\_\_\_

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

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

Signature of Person: **X** \_\_\_\_\_  
*Assisting With This Application*

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

**PLEASE NOTE:** CCSDA requires a non-refundable application processing donation of **\$50**. Please make check or money order payable to CCSDA and enclose with completed application. The **\$50** application donation is to help defray expenses for fuel to conduct the home interview and is tax deductible.

**Please Mail To:**

CCSDA  
**Attn: Nicole Meadowcroft**  
P.O. Box 105  
Sun Prairie, WI 53590  
Phone: 844-888-8850  
Fax: 1-844-888-8850

Or attach and send –via- e-mail to:  
**[nicole@customcanines.org](mailto:nicole@customcanines.org)**



