



Dear Applicant,

We're honored that you've chosen **Dogs For Our Brave (DFOB)** to potentially provide your future friend, partner, helper and dog. Our mission is to provide service/companion dogs at no cost to service members who have suffered catastrophic injuries such as loss of limbs while in service to our country. In order to do so without adding a financial burden, our goal is to provide professionally trained service dogs, dog food and veterinary care wherever possible. We are not affiliated with ADI (although we do following ADI's guidelines pertaining to training and access), and we are a 501(c)3. We're looking forward to assisting you throughout your service dog journey, both now, in the beginning and later, when you've received your partner.

Your Intake Packet is attached to this letter. Please print all included pages and complete in their entirety. Answer all questions for the person wishing to partner with a service dog. You may either scan or email your completed application in its entirety to info@dogsforourbrave.com or you may mail your entire application to:

Dogs For Our Brave
Attn: Intake Coordinator
PO Box 430011
St. Louis, MO 63143

In addition to the packet provided, please include the following supporting documents:

1. A letter of support from your primary care physician. This letter must detail general aspects of your disability and how your physician believes a service dog would be of benefit to you. This letter is required before your application can be considered "complete."
2. A letter of support from at least one specialist on your treatment team. This letter will vary for each client. This letter must detail specific aspects of your disability and how your specialist believes a service dog would be of benefit to you. This letter is required before your application can be considered "complete." The more letters of support an application includes, the better.
3. An additional letter of support. This letter may come from your spouse, a friend or your therapist. This letter must include contact information for the person who wrote it, including a phone number, address and email address, detail your relationship to them, explain why they believe a service dog would be beneficial and express their support. This letter is required.
4. A short autobiography
5. A picture of you and your family, including household pets. Multiple pictures are acceptable.

Once your complete application has been received; DFOB will review it in its entirety. We may contact you for more information, clarification or to request additional documentation or supporting materials. We reserve the right to require documentation, supporting materials and references beyond what is requested in this **Intake Packet**.

Applicants will be notified if selected— please check website for selection updates during each open enrollment. During each open enrollment, we will choose a designated runner up. You must confirm acceptance within 72 hours of being notified. At the 72-hour mark, the spot will be filled by the already appointed runner (s) up. If runners up are not used for the designated class they will automatically be first line for the following class. We anticipate the class size to be 6-8 veterans, however, there are not guarantees. After confirmation, the selection and training of your future partner can begin. Within 90 days of signing the pre-placement contract, we need the following supporting materials:

6. You need to provide pictures of all assistive devices used day to day (wheelchair, braces, stick crutches, pulley systems, etc.)
7. You need to provide pictures of all medical equipment
8. You will need to provide pictures of house and yard and a detailed layout
9. You will need to provide vet records for all animals currently living in home

Within six months of signing the pre-placement **Terms of Use Agreement**, all dogs currently living in the home must have obtained their *Canine Good Citizen certification*. Copies of the CGC certificates must be on file before your service dog can be placed. This is not optional.

There are two options concerning placing your future partner: You will be required to travel to us for the 5 day training course and graduation. If for some reason you are unable to travel, we will require supporting documentation from your physician and we can travel to you for a 7 to 10 day training course. Our training course (Public Integration Training and Access, or PITA) teaches you and your canine partner how to communicate, bond and function as a team, both in public and at home. If needed, Dogs For Our Brave will cover your travel and lodging expenses.

If you have any additional questions, please don't hesitate to ask them! If you're not certain how to answer a specific question on this application or you need additional guidance, please contact us. The easiest way to reach us is via email at info@dogsforourbrave.com. For ideas on tasks, please see the **IAADP's Service Dog Task List**. We're looking forward to hearing from you and assisting you in any way that we can. In the meantime, take a deep breath. You're well on your way to obtaining a life-changing friend, family member, lifeline and partner.

Sincerely,

The Dogs For Our Brave Team

Your Full Name: _____

Age: _____

Mailing Address: _____

Physical Address: _____

Phone (Preferred): _____

Phone (Alternate): _____

Email: _____

Preferred Name: _____

Facebook: _____

Website (If Any): _____

If you're applying for someone under your guardianship, please complete the following information for both yourself and your partner, if applicable.

PARENT/LEGAL GUARDIAN

Mailing Address: _____

Physical Address: _____

Phone (Preferred): _____

Phone (Alternate): _____

Email: _____

Preferred Name: _____

Facebook: _____

Website (If Any): _____

PARENT/LEGAL GUARDIAN

Mailing Address: _____

Physical Address: _____

Phone (Preferred): _____

Phone (Alternate): _____

Email: _____

Preferred Name: _____

Facebook: _____

Website (If Any): _____

ALL OTHER HOUSEHOLD MEMBERS:

NAME	AGE	RELATIONSHIP TO APPLICANT

Does everyone in your home support your decision to obtain a service dog? If not, please explain:

How did you hear about Dogs For Our Brave?

Have you partnered with a service dog in the past? If so, when and what was/is their name, breed and ID number?

How much research have you done on service dogs and service dog law? Please detail:

INFORMATION ABOUT YOU

What is your primary disability?

What caused your disability and at what age?

Is your disability potentially life-threatening?

List other medical concerns and secondary disabilities:

What is your approximate weight and height?

Which of the following are the effects of your disability?

<input type="checkbox"/> Coordination Problems	<input type="checkbox"/> Limited Mobility	<input type="checkbox"/> Slowed Development	<input type="checkbox"/> Reduced Stamina
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Deafness	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Muscular Weakness
<input type="checkbox"/> Slowed Mental Processing	<input type="checkbox"/> Blindness	<input type="checkbox"/> Vision Loss	<input type="checkbox"/> Spasticity
<input type="checkbox"/> Social Anxiety	<input type="checkbox"/> Sensory Processing Difficulties	<input type="checkbox"/> Biological Chemical Imbalances	<input type="checkbox"/> Perception Disturbances

Are there other effects of your disability? If so, please list:

Do you have issues with any of the following?

<input type="checkbox"/> Depression	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Anger	<input type="checkbox"/> Heightened Emotions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Syncope	<input type="checkbox"/> Tactile Sensitivity
<input type="checkbox"/> Auditory Sensitivity	<input type="checkbox"/> Visual Sensitivity	<input type="checkbox"/> Olfactory Sensitivity	<input type="checkbox"/> Seizures
<input type="checkbox"/> Balance	<input type="checkbox"/> Verbal Communication	<input type="checkbox"/> Brittle Bones	<input type="checkbox"/> Heat/Cold

If you answered yes to “Seizures”, please provide more detail. What kind of seizures? How often? How long do they typically last? Do you know a seizure is coming? If so, how? Are you on medications for your seizures? What medications? Are your seizures life-threatening?

Is it ever necessary to call EMS or 911 because of your disability? If so, how often? Who goes with you?

How often are you hospitalized? Taken to the ER?

Do you use any of the following in your day-to-day life?

<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Stick Crutches	<input type="checkbox"/> Leg Braces	<input type="checkbox"/> Prosthesis
<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Arm/Wrist/Hand Braces	<input type="checkbox"/> Cane	<input type="checkbox"/> Walker
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Personal Alarm	<input type="checkbox"/> Pump	<input type="checkbox"/> Lifts

What other adaptive equipment do you use?

What medications are you currently on and why? What medical treatments do you currently use?

Which branch served in as a member of the Armed Forces? Do you still serve? _____

What is your primary reason for seeking out a Dogs For Our Brave service dog?

What are 3 things you would change about your day-to-day life as it relates to your disability?

- 1.) _____
- 2.) _____
- 3.) _____

What are your three biggest fears day-to-day now, without a service dog?

- 1.) _____
- 2.) _____
- 3.) _____

List 10 words that you feel describe you. Five of the words must be attributes you feel are positive and five of the words must be attributes you feel are negative.

YOUR HEALTH CARE

Primary Care Physician/Pediatrician

Name: _____

Mailing Address: _____

Fax: _____

Website: _____

Primary Specialty: _____

Affiliations: _____

Phone (Preferred): _____

How long have you seen this person? _____

Email: _____

How many times have you seen this person?: _____

May We Contact? _____

Will you be obtaining a letter of support from this person? Y / N

Notes:

Physical Therapist

Name: _____

Mailing Address: _____

Fax: _____

Website: _____

Primary Specialty: _____

Affiliations: _____

Phone (Preferred): _____

How long have you seen this person? _____

Email: _____

How many times have you seen this person?: _____

May We Contact? _____

Will you be obtaining a letter of support from this person? Y / N

Notes:

Occupational Therapist

Name:

Mailing Address: _____

Fax: _____

Website: _____

Primary Specialty: _____

Affiliations: _____

Phone (Preferred): _____

How long have you seen this person? _____

Email: _____

How many times have you seen this person?: ____

May We Contact? _____

Will you be obtaining a letter of support from this person? Y / N

Notes:

Therapist / Psychologist

Name:

Mailing Address: _____

Fax: _____

Website: _____

Primary Specialty: _____

Affiliations: _____

Phone (Preferred): _____

How long have you seen this person? _____

Email: _____

How many times have you seen this person?: ____

May We Contact? _____

Will you be obtaining a letter of support from this person? Y / N

Notes:

Psychiatrist

Name:

Mailing Address: _____

Phone (Preferred): _____

Email: _____

May We Contact? _____

Will you be obtaining a letter of support from this person? Y / N

Notes:

Fax: _____

Website: _____

Primary Specialty: _____

Affiliations: _____

How long have you seen this person? _____

How many times have you seen this person?: _____

Specialist: _____

Name:

Mailing Address: _____

Phone (Preferred): _____

Email: _____

May We Contact? _____

Will you be obtaining a letter of support from this person? Y / N

Notes:

Fax: _____

Website: _____

Primary Specialty: _____

Affiliations: _____

How long have you seen this person? _____

How many times have you seen this person?: _____

Specialist: _____

Name:

Mailing Address: _____

Fax: _____

Website: _____

Primary Specialty: _____

Affiliations: _____

Phone (Preferred): _____

How long have you seen this person? _____

Email: _____

How many times have you seen this person? ____

May We Contact? _____

Will you be obtaining a letter of support from this person? Y / N

Notes:

Specialist: _____

Name:

Mailing Address: _____

Fax: _____

Website: _____

Primary Specialty: _____

Affiliations: _____

Phone (Preferred): _____

How long have you seen this person? _____

Email: _____

How many times have you seen this person? ____

May We Contact? _____

Will you be obtaining a letter of support from this person? Y / N

Notes:

YOUR DOG EXPERIENCE

Have you ever owned a dog? If so, how many dogs have you owned? When did you own each dog? What kind of dog? How long did you own the dog? Why do you no longer own the dog?

Did you take care of the dogs listed above? If so, which ones?

How well trained were the dogs that you owned? Who trained them?

Did your dog(s) stay outside or inside?

How were your dog(s) disciplined?

What are your 3 favorite breeds of dogs? Why?

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Do you have a gender preference? Why?

Do you like long or short hair? Why?

Do you like small, medium or large dogs? Why?

Who is your favorite “movie” dog?

YOUR DOG DESIRES

What would be your “dream dog”?

Pick 5 of the following words/concepts that would describe the dog you would like to own:

<input type="checkbox"/> Serious	<input type="checkbox"/> Slow	<input type="checkbox"/> Calm	<input type="checkbox"/> Friendly	<input type="checkbox"/> Outgoing
<input type="checkbox"/> Aloof	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Sweet	<input type="checkbox"/> Goofy	<input type="checkbox"/> Focused
<input type="checkbox"/> Responsive	<input type="checkbox"/> Active	<input type="checkbox"/> Confident	<input type="checkbox"/> Dominant	<input type="checkbox"/> Vocal
<input type="checkbox"/> Inquisitive	<input type="checkbox"/> Trusting	<input type="checkbox"/> Intuitive	<input type="checkbox"/> Independent	<input type="checkbox"/> Protective
<input type="checkbox"/> Bouncy	<input type="checkbox"/> Unique	<input type="checkbox"/> Obedient	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Sassy
<input type="checkbox"/> Submissive	<input type="checkbox"/> Quiet	<input type="checkbox"/> Highly Attached	<input type="checkbox"/> Excitable	<input type="checkbox"/> Playful

Other:

Pick 5 of the following words/concepts that would describe a dog you would NOT like to own:

<input type="checkbox"/> Serious	<input type="checkbox"/> Playful	<input type="checkbox"/> Bouncy	<input type="checkbox"/> Vocal	<input type="checkbox"/> Quiet
<input type="checkbox"/> Jealous	<input type="checkbox"/> Fearful	<input type="checkbox"/> Quirky	<input type="checkbox"/> Curious	<input type="checkbox"/> Lazy
<input type="checkbox"/> Mindlessly Obedient	<input type="checkbox"/> Sassy	<input type="checkbox"/> Submissive	<input type="checkbox"/> Dominant	<input type="checkbox"/> Aloof
<input type="checkbox"/> Highly Attached	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Independent	<input type="checkbox"/> Excitable	<input type="checkbox"/> Protective
<input type="checkbox"/> Manipulative	<input type="checkbox"/> Distracted	<input type="checkbox"/> Resistant	<input type="checkbox"/> Slow	<input type="checkbox"/> Strong Willed

Other:

List the tasks you'd like to see your dog perform.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____

Please detail, on the following page, anything else you'd like us to know about your past dog ownership and your desires, dreams, goals and wishes as it relates to your future partner.

Additional Dog - Related Notes:

YOUR HOME LIFE

What type of home do you currently reside in?

<input type="checkbox"/> Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condo	<input type="checkbox"/> Group Home
<input type="checkbox"/> Dorm	<input type="checkbox"/> Sorority/Fraternity	<input type="checkbox"/> Residential Facility	<input type="checkbox"/> Other:

Do you own or rent your home?

Do you have a fenced-in yard?

If the answer is “no”, how will you plan to exercise a dog?

What is the closest metropolitan city to your home? _____

How many miles is your home from that city? _____

What is the approximate driving time? _____

Describe your home life. Is it quiet? Chaotic? Bustling? Calm? Noisy? Please be as detailed as possible.

Describe your neighborhood and its location. Is it rural? Close to a major road? Lots of children?

What is the approximate square footage of your home? _____

How would you describe the layout/feel of your home to someone else? Check all that apply.

<input type="checkbox"/> Dark	<input type="checkbox"/> Spacious	<input type="checkbox"/> Cramped	<input type="checkbox"/> Cluttered	<input type="checkbox"/> Clean
<input type="checkbox"/> Tight	<input type="checkbox"/> Modern	<input type="checkbox"/> Cute	<input type="checkbox"/> Dirty	<input type="checkbox"/> Cozy
<input type="checkbox"/> Large	<input type="checkbox"/> Small	<input type="checkbox"/> Old	<input type="checkbox"/> New	<input type="checkbox"/> Dark
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

What does a normal day in your life look like? Please fill out the following chart.

TIME	PLACE	TASK/ACTIVITY
7:00am		
7:30am		
8:00am		
8:30am		
9:00am		
9:30am		
10:00am		
10:30am		
11:00am		
11:30am		
Noon		
12:30pm		
1:00pm		
1:30pm		
2:00pm		
2:30pm		
3:00pm		
3:30pm		
4:00pm		
4:30pm		
5:00pm		
5:30pm		
6:00pm		
6:30pm		
7:00pm		
7:30pm		
8:00pm		
8:30pm		
9:00pm		
9:30pm		
10:00pm		

Please add any additional details about day-to-day life you think we should know:

What does a normal week look like? Tell us about regularly scheduled activities, appointments and happenings.

Day	Regular Activity/Appointments
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Are there any other regular events/activities that occur on a less frequent basis, such as monthly or annually? If so, what?

Is there anything else about your home life we should know about?

YOUR WORK LIFE

Do you work? If so, where? _____

How many hours a week do you work? _____

What do you do? Please be as detailed as possible.

How would you describe your workplace environment?

<input type="checkbox"/> Service Oriented	<input type="checkbox"/> Bustling	<input type="checkbox"/> Casual	<input type="checkbox"/> Corporate	<input type="checkbox"/> Friendly
<input type="checkbox"/> Quiet	<input type="checkbox"/> Depressing	<input type="checkbox"/> Light	<input type="checkbox"/> Competitive	<input type="checkbox"/> Open
<input type="checkbox"/> Somber	<input type="checkbox"/> Fun	<input type="checkbox"/> Dark	<input type="checkbox"/> Closed	<input type="checkbox"/> Upbeat
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Have you spoken with your employer about your decision to obtain a service dog?

Describe the area you work in. Do you have an office? A desk? Are you on your feet all day?

How many coworkers do you have? _____

Is there room for a crate or a dog bed in your personal workplace? _____

Are you ever in a laboratory or sterile environment? If so, when?

Do you travel for work? If so, how often?

What is the longest meeting you regularly attend?

How do you see a dog fitting into your work life?

YOUR SCHOOL LIFE

Do you attend school? If so, where? _____

Please provide the county, address, and phone number for the school.

How many hours a week are you at school? _____

What is your grade level? _____

Do you participate in special programs, classes or activities throughout the school day? _____

If so, what are they?

How would you describe your school environment?

<input type="checkbox"/> Horrible	<input type="checkbox"/> Bustling	<input type="checkbox"/> Casual	<input type="checkbox"/> Wonderful	<input type="checkbox"/> Friendly
<input type="checkbox"/> Quiet	<input type="checkbox"/> Depressing	<input type="checkbox"/> Light	<input type="checkbox"/> Competitive	<input type="checkbox"/> Open
<input type="checkbox"/> Somber	<input type="checkbox"/> Fun	<input type="checkbox"/> Dark	<input type="checkbox"/> Closed	<input type="checkbox"/> Upbeat
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Have you spoken with your administrators about your decision to obtain a service dog?

Describe the area you study/attend class in. Do you have a desk? Do you change classes/locations?

How many students are typically in class with you?

Is there room for a crate or a dog bed in your classroom?

Are you ever in a laboratory or sterile environment? If so, when?

Do you participate in sports, clubs or after-school activities? If so, what?

How do you see a dog fitting in at school?

What else should we know about your school life?

YOUR ACTIVITIES

What are some of your favorite ways to spend free time?

What are some of the ways in which your family spends free time together?

Do you or anyone else in the family play sports? If so, which ones?

What places do you frequently visit? For example, do you and your family enjoy going to the movies? Eating out? Attending church? Going to the mall?

Are there any “special” activities in which the family or you commonly participate? Examples include martial art competitions, the rodeo, concerts or summer camp.

Outside of traveling, what other places do you frequently visit? What other activities in which you frequently participate?

Do you exercise regularly? If so, what kind of exercise? Where do you exercise?

YOUR TRANSPORTATION AND TRAVEL

Do you own your own vehicle? If so, what is the make, model and year?

What other types of vehicles are in the family?

Do you (or does your child) ever take public transportation? If so, how often?

Do you ever travel by air? If so, how frequently?

Do you have a preferred airline?

Are you ever on a boat? Y / N RV? Y / N Four-wheeler? Y / N Bike? Y / N

Do you take vacations? If so, how often? To where?

Do you regularly travel for work, school or personal reasons? How often? Where do you travel? How do you typically travel?

What else should we know about your regular transportation and travel?

YOUR FUTURE GOALS

What are your/your child's educational goals?

Do you plan on (or plan on your child) graduating high school? Yes / No College? Yes / No

What are your/your child's work goals?

What do you see yourself/your child doing in the next 2 years?

What do you see yourself/your child doing in the next 5 years?

What do you see yourself/your child doing in the next 10 years?

What else should we know about the way your school, home or work environment may change?

YOUR PUBLIC INTEGRATION TRAINING AND ACCESS (PITA)

PITA is the orientation, training session and process by which you will be trained to work, communicate with and function with your new partner. You will learn to function with your service dog as a team in public, at home, at work and at school, as well as all other venues in which you regularly participate.

PUBLIC ACCESS TEST, GRADUATION AND CERTIFICATION

On the final day of your PITA session, you and your new partner and the Dogs For Our Brave staff member will travel to the closest mall in order to complete your Public Access Test. This is the actual certifying standard used by Dogs For Our Brave to determine if a team is truly ready to function in the field as a fully certified service dog team. This test must be passed before your dog can be certified and granted public access.

Your test will be filmed in its entirety for legal and logistical reasons. You will be provided with two complementary DVDs of your Public Access Test. Upon passing the test, you will be presented with two ID cards, a certificate and a life-long, forever friend.

The newly formed service dog team must re-certify annually for the first three years it's functioning in the field. Recertification will be available in designated cities determined by Dogs For Our Brave. If you are unable to travel, alternate plans will need to be considered.

() I will travel to Dogs For Our Brave designated location.

FINAL NOTES

Congratulations! You've finished the hard, grueling, time consuming part. Just a few more easy questions, a signature and a stamp and you're on your way.

If you receive a Dogs For Our Brave Service Dog, you need to understand that all of the following terms will apply. Please initial beside each term.

TERMS	INITIAL
<p>I understand that filling this application out does not obligate Dogs For Our Brave to provide me with a service dog.</p> <p>I understand that if chosen to receive a Dogs For Our Brave service dog, I will be required to comply with all terms in the Terms of Use Agreement.</p>	
<p>I understand Dogs For Our Brave will retain ownership of my service dog for my dog's safety and continued success in the field.</p>	
<p>I understand that I will be required to recertify as a team for the first 3 years my dog and I are in the field.</p>	
<p>I understand that Dogs For Our Brave is not liable for any repercussions resulting from my choice to apply for a service dog.</p>	
<p>I release Dogs For Our Brave, its officers, members, trainers and anyone connected with Dogs For Our Brave from all liability resulting from my participation with Dogs For Our Brave.</p>	
<p>I understand that my Service Dog will need to be under the care of a licensed veterinarian determined/chosen by Dogs For Our Brave and that all health records must be provided annually to Dogs For Our Brave</p>	
<p>I understand that my dog will have to be fed a high-quality, program-approved dog food without exception provided by Dogs For Our Brave.</p>	
<p>I understand that my dog will have to live in the house and work with me 85% of the time or more.</p>	
<p>I understand that my dog may not be given away or sold to anyone under any circumstance. If I am unable to keep my dog, then my dog must be returned to Dogs For Our Brave at my expense.</p>	
<p>I understand that Dogs For Our Brave reserves the right to remove my service dog from my home and care should current Dogs For Our Brave guidelines, rules and policies not be followed.</p>	
<p>I give Dogs For Our Brave permission to contact the people I have listed on this application, as well as those who provide reference letters and letters of support for me.</p>	
<p>I hereby certify that all facts and all information contained in this application are true and complete to the best of my current knowledge. If any facts or information change, I will notify Dogs For Our Brave.</p>	
<p>Dogs For Our Brave has advised me that it does not discriminate in the selection of an eligible service member to receive a service dog on the basis of race, color, religion, sex or national origin.</p>	

I understand and agree that if I am approved to receive a service dog I must execute and return, as a condition to the receipt of the dog, (i.) a Terms of use Agreement and (ii.) Assumption of Risk, Waiver of Liability and Release form that will be provided to me by Dogs For Our Brave upon being approved.

Signature: _____ Date: _____

Printed Name: _____

Date: _____

OFFICE USE ONLY:

DATE RECEIVED: _____ Date Reviewed: _____

Application Reviewed By: _____

Accepted: Yes / No If denied, why:

Placement By: _____ Orientation Location: _____

Chosen Breed: _____

Chosen Sex: _____

Coat Type: _____

Activity Level: _____

Dog's Name: _____

Dog's ID Number: _____

Notes: