

The Veteran Project
Application for Placement of a Companion Dog

Thank you for your interest in The Veteran Project's companion dog placement program. We request the following information so that we can assist you in the selection of your companion dog from one of our local shelters. The information you provide on this application, and a consultation with a Veteran Project trainer will help us select the dog most compatible with your lifestyle and needs.

*Please mail this form and all applicable documents to:
The Veteran Project c/o Jenny East Cole, 3897 Payneton Rd, Chatham, VA 24531.
Or you may scan and email a copy to: myshadowtraining@gmail.com*

Applicant's Name _____

Current Date _____

Street Address _____

City _____ *State* _____ *Zip* _____

Home Phone _____ *Cell Phone* _____

E-mail _____ *Age* _____

How did you hear about The Veteran Project?

Military Service

Military Duty (circle one) Active Discharged Retired

Branch (circle one) Army Air Force Navy Marines Coast Guard

Dates of Service _____ *to* _____

Type of Discharge _____

Rank _____

Conflicts Served In _____

Duty Stations _____

Please scan or attach one of the following documents related to your status:

DD-214

- Retired ID Card*
- Active Duty ID Card*

Medical Background

What is your medical diagnosis (circle all that apply):

None Post-Traumatic Stress Disorder Traumatic Brain Injury

Anxiety Depression

Other (specify) _____

Name of Doctor, Case Manager or Supervisor

Phone Number of Doctor, Case Manager or Supervisor

Please describe how having a companion dog might benefit you and your family.

About Your Household

Please list all people living in your home:

Name, Age and Relationship _____

Name, Age and Relationship _____

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Name, Age and Relationship _____

Name, Age and Relationship _____

Name, Age and Relationship _____

Does any member of your family have an allergy to dogs? _____

Are all members in support of welcoming a dog into the home? _____

Employment

(Circle one) *Part-Time* *Full-Time* *Not Employed* *Retired*

Occupation: _____

Name of Employer: _____

Business Phone: _____

E-mail: _____

Your work schedule for an average week (for example, M-F, 8-12):

Partner's Occupation: _____

Partner's work schedule: _____

About the Dog

Describe in detail the type of dog you are looking for.

Size/Weight: From _____ lbs. to _____ lbs.

Age: From _____ year(s) to _____ year(s)

Summarize your ideal dog's personality and temperament (for example - laid back vs. energetic, playful, loves to go places vs. homebody, sociable, calm vs. excitable, easy to manage, adaptable, etc.)

Are there specific dog breeds you would not consider? Specify:

How many hours on average per day will the dog be left alone? _____

How many days per week on average will the dog be left alone? _____

Where will the dog sleep at night (in crate, loose in house, on bed, etc.)?

Where will you leave the dog when no one is home to watch him (crated, loose, in a specific room)?

Every dog needs daily exercise. What is your plan for giving the dog exercise on a daily basis? What types of exercise (walking, jogging, play, etc.) and how much time spent?

Will the dog travel with you in a car? What sorts of outings (running errands, short or long trips)?

Do you plan to take the dog on other kinds of outings (neighborhoods, parks, dog parks, hikes, camping, stores where pet dogs are allowed (like Lowe's), visiting family/friends, other events? Specify.

*Will you have children visiting your home?
If so, please list age, relationship, how often and for how long visits will be:*

If you have to go away for several days or on vacation, who will take care of the dog?

About Your Home

Where do you live (circle one)?

Single Family Home Townhouse/Duplex Apartment Condo

Other (explain) _____

How long have you lived in your present residence? _____

Do you own or rent your home? _____

If you rent, please provide the following information:

- Owner/Manager's Name _____
- Contact Information _____
- Please scan or attach the rental document that shows pets are allowed

Do you have a fenced yard? _____

If you have a fenced yard, specify:

- Type of fence (wood, chain link, etc.) _____
- Height of fence _____
- Dimensions of yard _____

Pet History

Please list all pets you have owned in the last ten years, starting with the most recent:

Name: _____ Type/Breed: _____

Age: _____ Spayed/Neutered? _____ Vaccinations Current? _____

M/F? _____ Heartworm and Flea/Tick Current? _____

If pet no longer in household, explain: _____

Name: _____ Type/Breed: _____

Age: _____ Spayed/Neutered? _____ Vaccinations Current? _____

M/F? _____ Heartworm and Flea/Tick Current? _____

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Age: _____ Spayed/Neutered? _____ Vaccinations Current? _____

M/F? _____ Heartworm and Flea/Tick Current? _____
If pet no longer in household, explain: _____

Name: _____ Type/Breed: _____
Age: _____ Spayed/Neutered? _____ Vaccinations Current? _____
M/F? _____ Heartworm and Flea/Tick Current? _____
If pet no longer in household, explain: _____

Please list veterinarians you have used for the animals listed above:

Vet Name: _____
Pets Cared For: _____
Contact Information: _____

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Are you willing to have a representative of The Veteran Project come to see where the dog will be living? _____

Are you willing to take responsibility for this dog for the next 10+ years? If no, please explain:

What provisions will you make for the dog should you be unable to care for him/her?

Additional comments from the applicant:

References

Please list three personal references NOT residing in the household:

Name _____

Phone _____

Address _____

Relation _____ *Email* _____

Name _____

Phone _____

Address _____

Relation _____ *Email* _____

Name _____

Phone _____

Address _____

Relation _____ *Email* _____

Agreement and Contract with The Veteran Project

The adopting party agrees to:

- Provide the dog with adequate food, water and exercise.*
- Assume all financial and legal obligations for the dog, including registering the dog in the city/county of residence.*
- Keep the dog in a loving home environment.*

- Maintain regular veterinary care including necessary immunizations and preventative care for heartworm and flea/ticks during the life of the dog.*
- Maintain regular grooming including nail trimming and keeping the dog's coat clean and mat-free.*
- Maintain the optimal weight and condition of the dog as recommended by the dog's veterinarian.*
- Provide emergency veterinary care if the dog gets sick or is injured.*

If at any time you are not able to keep the dog or provide for its care and safety as agreed above, you must notify The Veteran Project (TVP) immediately to inform them of the need to return the dog. Under no circumstances is the dog to be taken to a shelter, turned over to a rescue group or another individual.

By signing below, I acknowledge that the information I have provided is complete and accurate. I give permission for TVP associates to contact parties listed on this application. I understand that completing an application does not guarantee adoption. I understand if I do adopt a TVP dog, I will sign a contract with the dog's rescue/shelter organization and this TVP application will become part of that contract. If any information contained in this application is found to be false, I understand that the adoption contract will be considered null and void, and the dog may be reclaimed.

I understand that neither TVP or the shelter or rescue group can guarantee health or temperament, and I agree to indemnify and hold harmless TVP and the shelter from and against any and all liability for personal injury or injury to pets or property damage sustained by a TVP dog. I further agree that neither myself nor my family nor any descendants of my family will pursue action against TVP or the shelter or rescue group in the event there is damage caused by the TVP dog. I understand that the other animals and people in my home may be exposed to medical or behavioral conditions that may have not been recognized in the dog placed by TVP and that TVP is not liable for any disease or injury to myself, others in the home or my own or other animals caused by exposure to the dog.

I do hereby swear that I and no one in the household has ever been convicted of animal cruelty, neglect, or abandonment. I agree to notify TVP and/or the shelter or rescue group if there is ever a change in this status.

I have read and understand the above requirements to apply for a Veteran Project dog. My signature signifies acceptance of all terms stated above.

Signature of Applicant:

Date:

Printed Name:

