

Welcome to the **CANADIAN VETERAN SERVICE DOG UNIT (CVSDU)**

Before completing and submitting the application form, please read and acknowledge the following information:

1. In addition to this Application Form, I will need to provide a Medical Form completed by my doctor/therapist.
2. If I am accepted into the CVSDU, I will need to complete a Police Records Check prior to receiving a Service Dog or training my dog for Service.
3. If I am selected to become a member of the Canadian Veteran Service Dog Unit (CVSDU), I agree to attend training sessions and participate in the unit as required in the CVSDU Member's Contract.

4. Privacy Statement

CVSDU respects the privacy of Applicants and Members and takes reasonable and necessary steps to safeguard your personal information. Information in this Application Form, the Medical Form, and any other information collected during the application process is collected to assist in assessing your needs for a Service Dog and for Service Dog training.

This information includes your name, address, date of birth, phone number, email address, emergency contact information, information about your medical conditions, and other information as indicated in the Application and Medical Forms. If you are deemed suitable for the CVSDU Service Dog Training Program you will also be required to provide a Police Check.

All information collected in the Application process will be kept private and confidential. If you withdraw your Application or are not deemed suitable for the CVSDU your information will be securely destroyed.

If you are accepted as a Member of the CVSDU you will be required to sign a Member's Contract (see Website for Member Contract).

This contract includes a privacy statement on how Member's information will be safeguarded and information about how your information may be used as part of the unit.

APPLICATION FORM NEXT PAGE >





APPLICATION FOR SERVICE DOG

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH _____
DAY / MONTH / YEAR

ADDRESS: _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PRIMARY PHONE NUMBER _____

ALTERNATE PHONE NUMBER (OPTIONAL) _____

CAN WE LEAVE A MESSAGE AT THE ABOVE PHONE NUMBER: YES NO

EMAIL ADDRESS _____

CAN WE CONTACT YOU BY EMAIL: YES NO

EMERGENCY CONTACT:

NAME _____

PHONE NUMBER _____ RELATIONSHIP TO YOU _____

MEDICAL CONDITION

Tell us about your medical condition/diagnosis. Please include any significant psychological or physical disabilities.

DO YOU NEED TO USE MOBILITY AIDS (eg. CANE, WALKER, WHEELCHAIR ETC.): YES NO

If yes, please describe: _____



APPLICATION FOR SERVICE DOG CONT'D

SERVICE DOG BENEFITS

HOW WILL A SERVICE DOG HELP YOU?

DO YOU HAVE A DOG THAT COULD BE ASSESSED AND POSSIBLY TRAINED AS A SERVICE DOG?: YES NO

WHAT SIZE OF SERVICE DOG MIGHT BEST SUIT YOUR PHYSICAL ABILITIES AND LIVING ARRANGEMENTS?

SMALL MEDIUM LARGE

DO YOU HAVE ANY DOG ALLERGIES: YES NO

HOUSING / LIFESTYLE

Tell us about your current housing situation (urban, rural, single family home, apartment etc.)

Tell us about who currently lives with you (on my own, partner/spouse, children, roommate etc.)

Are there other pets in your household?: YES NO

If yes, please tell us about your other pets.

Are you currently working and/or volunteering? YES NO

If you are currently working and/or volunteering, would you want to bring your Service Dog to work with you

and have you discussed this with your employer/workplace? YES NO

SIGNATURE

Applicant's Signature Date

Please provide a copy of your military ID, veterans card, or first responder ID.

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FOR OFFICE USE ONLY

APPLICATION DATE: _____

MEDICAL FORM RECEIVED YES NO

PROOF OF MILITARY/FIRST RESPONDER SERVICE

APPLICANT OWNS A DOG THAT NEEDS ASSESSMENT YES NO

OR

REQUIRES A DOG

APPLICANT CONTACTED: _____

Please indicated who made the initial contact with the applicant

APPLICANT ACCEPTED: YES NO

*If applicant is not accepted please note the reason

POLICE RECORDS CHECK COMPLETED:

when applicant is accepted

CVSDU CONTRACT SIGNED:

when applicant is accepted

