



U.S. Kennels Inc.

## Veteran Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ : \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer (if none put N/A): \_\_\_\_\_

### Vet References

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

List dates & locations of Combat Deployments: \_\_\_\_\_

### Questions

Has a medical professional recommended that a service dog will be of benefit to you and your diagnosis? \*

Yes  No

Have you ever been denied a service dog through another organization?

Yes  No

Is there anyone else living in your home? If yes, please fill out below.

Yes  No

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

Do you have a pet dog or other animal at home? If yes, fill out below.

Yes  No

Dog: \_\_\_\_\_ How Many?: \_\_\_\_\_ Cat: \_\_\_\_\_ How Many?: \_\_\_\_\_

Are you or anyone else in your home allergic to dogs?

Yes  No

Are you able to financially support the care of a service dog over the course of their lifetime?

Yes  No

\*Please provide us with an explanation of why you believe a service dog will help your symptoms and improve your quality of life day-to-day:

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*\*How did you hear about us?*

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**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_