

# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



PLEASE CHECK WHICH APPLIES TO YOU:

- Mobility Assistance
- PTSD
- Seizures
- TBI
- Anxiety / Depression
- Other: Diabetes ect...

We are currently accepting applications for dogs trained for specific needs.  
An application can be submitted for Good Canine Companion or Emotional Support.  
These dogs can be very useful but DO NOT have public access.

Please note, sending in the application does not mean the applicant is automatically approved. The application goes before a committee and the applicant will be notified of the outcome.

Please use the following checklist to ensure all required items are completed. Send to Stray to Service Dogs.

- Part 1: Personal Information — complete pages 4-7 and sign
- Media Release — complete and sign
- Acknowledgement — complete and sign
- Two References Letters: include Name, Phone Number, and Address of Reference.  
DD-214 (If a Veteran)
- Letter from Mental Health provider confirming your involvement in mental health & group counseling if enrolled in any of programs.

**Questions regarding this application may be submitted via email to**

Dognecat4@fiberpipe.net or  
via phone: 307-674-7694.

**The Dog and Cat Shelter hours are 12-6 Tuesday-Friday**

PLEASE BE ADVISED OF THE STRAY TO SERVICE POLICY:

Stray to Service Reserves the Right to refuse any placement for any reason.

If a service dog is to be placed in a home where more than one pet is present, we reserve the right to deny placement.

We must make sure the service dog team will be successful.

# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



## Part 1: Personal Information

- IF a Veteran, provide copy of the veteran's DD-214
- Two references Letters are required. Please include name, phone number, and address of reference.

APPLICATION AND SUPPORTING DOCUMENTS CAN BE MAILED TO:  
STRAY TO SERVICE PROGRAM  
ATTN: APPLICATION DEPARTMENT  
84 EAST RIDGE ROAD  
SHERIDAN, WY 82801

SCAN AND EMAIL APPLICATION AND SUPPORTING DOCUMENTS TO:  
[DOGNCAT@FIBERPIPE.NET](mailto:DOGNCAT@FIBERPIPE.NET) (Please note, it does not say "and" It's simply DogNCat)

\*Stray to Service will only review complete applications which include all of the above.

\*A representative of Stray to Service will contact the applicant to clarify any issues, answer any questions, and advise the applicant of the next step in the process.

\*30-60 days prior to receiving a service dog; a support visit may be required or requested. This involves a Stray to Service representative visiting with the applicant and any other individuals or animals that reside within the applicant's home.

\*A meet and greet with other animals may also be required. If there are other animals in the home they will be required to be up to date on their rabies and distemper vaccinations. Proof will be required from your veterinarian. If a service dog is to be placed in a home where more than one pet is present, we reserve the right to deny placement.

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



## Veteran Information

Branch of Service: \_\_\_\_\_ Term of Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Veteran Affairs Disability Rating: \_\_\_\_\_

Please note, branch of service, term of service, rank, and disability rating are for informational purposes only and are not factors used to determine eligibility for a Stray to Service dog.

Date of Disability: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: (Circle) M F Marital Status: \_\_\_\_\_

# Of Children in household (include ages): \_\_\_\_\_

Nearest Relative/Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



## Equipment Required

Wheelchair – Manual:  Power:  Both:  Hearing Aid:  Crutches:  Cane:  Walker:   
Prosthesis:  Wrist Brace:  Leg Brace:  3-Wheel Electric Scooter:  None:

Other: *(Specify)*

---

## Strength Assessment

Rate your physical strength on a scale of 1 to 10 (1=Least and 10=Most). For example, if you have severe difficulty grasping a tennis ball, please put 1. If you have no difficulty grasping a tennis ball, put 10.

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

Upper Body: \_\_\_\_ Weight: \_\_\_\_\_

## 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):

---

---

---

---

---

# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



## Media Release Statement

Stray to Service Dogs will periodically use electronic and traditional media (i.e. photographs, video, audio, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to Stray to Service and its designees to use such reproductions for educational and publicity purposes in perpetuity without further consideration for me.

I understand that I will need to notify Stray to Service Dogs if any changes to my situation occur that will impact this media release permission.

**I have read the above release and am aware of its contents.**

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

Print Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_

# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



## Acknowledgement

Stray to Service Dogs is program within the Dog and Cat Shelter in Sheridan. The Dog and Cat Shelter is a non-profit organization and relies on donations in order to place our service dogs. It can take years to train a service dog to the highest level at a significant cost. Our goal is to get shelter dogs trained to be useful companions with some service capabilities. Additional training comes after the Dog and Person are paired. Consequently, Stray to Service must have the best interest of the service dog in mind when placing that service dog with an applicant.

**Stray to Service reserves the right to deny an applicant at any stage of the process in acquiring a Stray to Service Dog.**

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

Print Applicant Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_

The information listed above may be used or disclosed for, but not limited to, the following purpose(s), unless applicant has elected to opt out of releasing personal health information:

**Media publications, marketing promotions, determination of eligibility, customized training, service dog placement, grant writing, and fundraising purposes.**

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

I do not have to sign this authorization in order to receive consideration from **Stray to Service Dogs**. In fact, I have the right to refuse to sign this authorization. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Director at:

**Jill Moriarty, Executive Director, Dog & Cat Shelter Stray to Service Project, 84 East Ridge Road, Sheridan, WY 82801**

# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



**Stray to Service History:** The mission of the Dog and Cat Shelter Stray to Service is a pilot project aimed at getting more dogs into the hands of more people in order to help restore their physical and emotional independence. The Dog and Cat Shelter is a 501(C)3 established in 1982. Stray to Service project started in 2019. The training is conducted and overseen by Shan Foster, a fully accredited k-9 Police Dog, Detection and Service Dog.

## **Service Dog Assistance:**

Dogs are selected from the shelter based on a comprehensive behavior assessment. Once trained, service dogs are able to assist people that have disabilities to accomplish daily tasks that would otherwise be difficult or impossible.

Each dog is customized to the individual needs of the owner, who must participate in the training. Stray to Service is committed to partnering to the extent possible as they learn to work as a team to increase self-sufficiency. Most dogs are trained for basic services, but some can continue their training to include the following:

- Pick up and retrieve items
- Pull wheelchairs
- Provide bracing to stand, walk and sit down
- Provide emotional stability
- Perform perimeter checks
- Aid in social situations
- Assist with nightmares and flashbacks

Many disabled veterans suffer from Post-Traumatic Stress Disorder along with depression, and the service dog plays a crucial role in the emotional stability of the veteran resulting in lifelong companionship. Some dogs are trained specifically for this purpose.

# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



## Mental Health Provider Release:

Name of Provider: \_\_\_\_\_

Please release the requested medical information regarding my condition to Stray to Service Dogs. 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: \_\_\_\_\_

## Mental Health Provider Information

Provider Name: \_\_\_\_\_

Specialty \_\_\_\_\_

Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



# STRAY TO SERVICE – VETERAN APPLICATION FOR A SERVICE DOG



Has this patient been actively and regularly attending medical or mental health scheduled appointments?  
(Circle) Y N

(PTSD) Has the patient been actively and regularly attending (monthly) mental health Group counseling?  
(Circle) Y N

Do you think this individual has the ability to care for or enlist the help necessary to care for a service dog?  
(Circle) Y N

Additional Comments/ Observations:

---

---

---

---

---

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you think Stray to Service would benefit from a consultation with you to facilitate placement of a service dog with this patient, please call our office.*

**Please return the completed Medical History form to:**

**Mail:** Dog and Cat Shelter Stray to Service Project

84 East Ridge Road

Sheridan, WY 82801

**Email:** [dogncat@fiberpipe.net](mailto:dogncat@fiberpipe.net)

**Questions:** (307)674-7694