



## DALMATIA BNB BATTLE BUDDY PROGRAM

### Veteran Application Form

Complete this form and email it to [contact@battlebuddyforveterans.org](mailto:contact@battlebuddyforveterans.org)

Use the Subject Line "Battle Buddy"

#### APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Military Branch: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

VA Disability Rating (if applicable): \_\_\_\_\_

#### CONTACT INFORMATION

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

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

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

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

Preferred Contact Method:  Phone  Email

#### DISABILITY INFORMATION

Primary Disability: \_\_\_\_\_

Secondary Disabilities (if applicable): \_\_\_\_\_

Mobility Aids Used: \_\_\_\_\_

Living Situation:  House  Apartment  Other

#### SERVICE DOG NEEDS

Types of Tasks Needed (check all that apply):

- Mobility Support
- PTSD Support

- Medical Alert
- Retrieval Tasks
- Balance/Stability
- Other (please specify): \_\_\_\_\_

Please describe how a service dog would help with your daily activities:

---

---

#### LIVING ENVIRONMENT

Do you:  Own  Rent

If renting, do you have landlord approval?  Yes  No

Other people in household: \_\_\_\_\_

Other pets in home: \_\_\_\_\_

#### FINANCIAL RESPONSIBILITY

Estimated Monthly Expenses:

- Food: \$50-100
- Veterinary Care: \$30-50 (wellness plan)
- Grooming: \$40-60
- Emergency Fund: Recommended \$1000-2000 savings
- Insurance: \$30-50 monthly

Can you financially commit to:

Regular veterinary care?  Yes  No

Monthly food and supplies?  Yes  No

Emergency medical expenses?  Yes  No

Professional grooming as needed?  Yes  No

Do you have a plan for unexpected medical expenses?  Yes  No

If yes, please specify: \_\_\_\_\_

#### COMMITMENT UNDERSTANDING

Our program requires:

- 6-week intensive training program (\$4,800)
- Daily practice sessions
- Regular follow-up appointments
- Proper care and maintenance of the dog
- Adherence to service dog public access guidelines

Can you commit to these requirements?  Yes  No

#### REFERENCES

Please provide two personal references:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

#### ADDITIONAL INFORMATION

Please share any additional information that would help us understand your needs:

---

---

#### CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that I will be financially responsible for all aspects of the service dog's care after completion of training.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed applications to:

Dalmatia BnB

Email: [contact@battlebuddyforveterans.org](mailto:contact@battlebuddyforveterans.org)

Phone: 660-890-5766

For Office Use Only:

Date Received: \_\_\_\_\_

Application Status: \_\_\_\_\_

Notes: \_\_\_\_\_