



DALMATIA BNB BATTLE BUDDY PROGRAM

Veteran Application Form

Complete this form and email it to 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

Phone: 660-890-5766

For Office Use Only:

Date Received: _____

Application Status: _____

Notes: _____