



DALMATIA BNB BATTLE BUDDY PROGRAM

Veteran Application Form

Complete this form **along with a copy of your DD 214** 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
- 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: owner@dalmatiabnb.org
Phone: 660-890-5766

For Office Use Only:
Date Received: _____
Application Status: _____
Notes: _____