



Thank you for your interest in Semper Fido, Inc.! Semper Fido, Inc. provides service members with quality trained service dogs for mild traumatic brain injuries and those with a clinical diagnosis of a psychiatric impairment such as post traumatic stress disorder. Semper Fido, Inc. does not provide service dogs to individuals who are legally blind, hearing impaired or who have mobility impairment.

To apply for a service dog from Semper Fido, Inc. the following are required:

- a) The applicant must provide proof of an Honorable Discharge (DD214) or Medical Discharge or if still on Active Duty, a Military Verification of Service document;
- b) Provide a letter from their medical or psychiatric physician or therapist indicating that the applicant qualifies and would benefit from the companionship/partnering with a Service Dog; additionally, provide a written prescription (Rx), for "(1) Service Dog for PTSD and/or TBI from their medical or psychiatric physician" (identifies medical necessity of the Service Dog);
- c) Provide (2) personal reference names & addresses, NOT including immediate family members, but rather a close friend, minister, co-worker, etc., to whom Semper Fido, Inc. can send a reference request;
- d) Complete and sign the attached "Consent to Contact" form;
- e) Complete the attached "Skills Questionnaire for Service Dog Placement" form;
- f) Complete the attached "Veterinary Reference" form;
- g) Provide a recent photograph for identification purposes;

Please return the completed application packet, within 30 days of receipt to:

Semper Fido, Inc.  
131 Kennilworth Road  
Marlton, NJ 08053

Our Applicant Review Committee will screen your completed applicant packet to determine if you meet our requirements and place your name on a waiting list. The review process may take 2-4 weeks. It is not possible to advise how long you may wait for a service dog from Semper Fido, Inc. Our waiting list is not time-based and we do not place dogs based on a "first come, first served" basis. The match of service dog skills and temperament to an individual's needs and lifestyle is the critical factor in determining who receives the next available service dog. At such time that we have a dog nearing completion of their training, that best matches your needs, we will contact you to arrange an individualized Team Training Schedule in which you will learn how to handle and work with your new service dog partner. The individual must travel to Marlton, NJ for training and is responsible for his own travel, lodging & meal expenses. The training process takes approximately six (6) months to complete; the applicant can expect to be in training with Semper Fido for two (2) to three (3) of those months, attending sessions 3-4 days per week.

**APPLICANT SIGNATURE, BACKGROUND AND FINANCIAL VERIFICATION AUTHORIZATION**

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situation. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from receiving a service dog.

I authorize investigation of all statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail is available concerning my application for a service dog. My signature below further authorizes Semper Fido, Inc. to obtain criminal background information and financial credit verification for the purpose of determining my ability to maintain and care for a service dog if provided from Semper Fido, Inc.

All information shall be used solely for the purpose of this transaction. A photographic or facsimile copy of this authorization bearing a photographic or facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original. I understand that any information obtained by Semper Fido, Inc. is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications for a service dog.

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

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

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

(This section intentionally left blank)

**Semper Fido, Inc.**  
**Skills Questionnaire for Dog Placement**

APPLICANT INFORMATION

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

Address: \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City County State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number OR Government ID: \_\_\_\_\_

Marital Status:                      Single                      Married                      Divorced                      Widowed

Significant Others Name: \_\_\_\_\_

Military Service: Branch: \_\_\_\_\_ Dates of Service (mm/dd/yy): \_\_\_\_\_ to \_\_\_\_\_

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

In the last 12 months has a medical evaluation found you fit or unfit for duty?

FIT                      UNFIT                      NOT REVIEWED

Business: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

**SYMPTOMOLOGY EXPERIENCED – Complete this section for psychiatric impairment (PTSD)**

For each item, on a scale of one (does not limit daily function) to 10 (fully limits daily function) answer each of the following:

|                              | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | NA                       |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Distractibility              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intrusive imagery            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dissociation                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flashbacks                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hallucinations               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feelings of isolation        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hyper vigilance              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Startle response             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Avoidance behaviors          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nightmares                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feelings of being threatened | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aggression                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**MORALITY**

- A. Have you been charged with any criminal offenses, INCLUDING traffic violations?  Yes  No
- B. Have you even been convicted with any crimes, INCLUDING traffic violations?  Yes  No
- C. Do you have a history of violence?  Yes  No
- D. Do you have a history of harming animals?  Yes  No
- E. Have you ever become so angry/frustrated that you have struck someone?  Yes  No
- F. Do you have a history of fighting?  Yes  No
- G. Have you ever harmed yourself, i.e. cutting, burning? Have you attempted suicide?  Yes  No

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE EVENTS THAT TRANSPIRED LEADING TO YOUR PTSD.

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**HOW DOES YOUR DISABILITY AFFECT YOUR DAILY LIVING – WHAT ARE YOUR FUNCTIONAL LIMITATIONS?**

(Please describe any problems lifting/carrying items, walking distances, leaving home on your own, ability to be in crowds, large groups, entering a dark room, etc.)

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**COMMUNITY ACCESS ISSUES**

A. Do you have daily access to transportation?  Yes  No

If no, how do you get around? \_\_\_\_\_

B. Do you drive yourself?  Yes  No

If no, who is your primary driver? \_\_\_\_\_

C. Do you have an adaptive vehicle? (if so, explain type: hand controlled auto, hand controlled van, van with a lift, etc.) \_\_\_\_

D. List any problems you have concerning transportation or community access

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**HOUSEHOLD ISSUES**

A. How many people live in your household? \_\_\_\_\_ Please give names/ages/relationship to you:

| <u>NAME</u> | <u>AGE</u> | <u>RELATIONSHIP</u> |
|-------------|------------|---------------------|
| _____       | _____      | _____               |
| _____       | _____      | _____               |
| _____       | _____      | _____               |
| _____       | _____      | _____               |

B. Anyone in your home allergic to dogs?  Yes  No  
If yes, explain: \_\_\_\_\_

|   |                         |            |
|---|-------------------------|------------|
| C. Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, how many? _____ |            |
| <u>Name</u>   | <u>Breed</u>            | <u>Age</u> |
| _____   | _____                   | _____      |
| _____   | _____                   | _____      |
| _____   | _____                   | _____      |

D. Name of veterinarian: \_\_\_\_\_ Phone \_\_\_\_\_  
(Please submit the Veterinary Reference Form to your Veterinarian for completion. If you do not currently have a Veterinarian, please indicate "No veterinarian at this time".)

E. Do you rent or own your home?  Own  Rent

Describe your home and neighborhood (house, apartment, mobile home, size of yard, fenced or unfenced, city, suburb, country, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. What type of support is available to assist you with the care of your service dog (feeding, bathing, toileting, trips to the vet, etc.) in the event you are unable to perform these tasks both at home and at work or school?

\_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS ISSUES**

A. In your own words, describe how a service dog will assist you to be more independent and more productive both at home and in your community – please be as specific as possible. Attach an additional sheet if necessary.

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B. In your own words, how would having a service dog help you with your mental health and psychological needs? Attach an additional sheet if necessary.

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C. Have you ever applied for a service dog from another organization?  Yes  No  
If yes, please provide the name of the organization and date of application:

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D. Have you ever been denied a service dog by an organization?  Yes  No  
If yes, please provide the name of the organization and the date of denial:

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E. Have you received services from organizations that provide services to wounded veterans?  Yes  No  
If yes, please provide the names of the organizations that have provided services to you:

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**ADDITIONAL COMMENTS:** \_\_\_\_\_

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Semper Fido, Inc.

**CONSENT TO CONTACT FORM**

I, \_\_\_\_\_, give full consent for the health care professionals  
(Print full name)

listed below to release to Semper Fido, Inc. information relating to my current health, mental health, and home/work school environments. I understand that the information requested is confidential, will not be released to any person or agency outside of Semper Fido, Inc. and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home for a service dog.

Please list the **names, addresses and phone numbers** of those who are applicable:

Primary Doctor: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Physical Therapist: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Speech Therapist: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Recreation Therapist: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Psychologist/Psychiatrist: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Vocational Rehabilitation Counselor: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Other: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

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

Address/City/State/Zip: \_\_\_\_\_

Personal Reference #1: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Personal Reference #2: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**SEMPER FIDO, INC.**  
131 Kenilworth Rd  
Marlton, NJ 08053  
(856) 810-3923

**Veterinary Reference Form**

The following individual is an applicant for a service dog trained by Semper Fido, Inc., a non-profit program dedicated to enhancing the lives of service members with Post Traumatic Stress Disorder and/or Traumatic Brain injuries through the use of companion dogs. The information requested below will assist us in assessing the suitability of this applicant's home for placement of a companion dog. A Consent to Contact Form is attached. Should you have any questions regarding this matter, please feel free to contact us at (856) 810-3923. Thank you in advance for your assistance in completing this form.

PLEASE PRINT

Applicant: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Veterinary Practice/Clinic: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What species/breed and number of pets owned by this individual have you treated?

Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Birds \_\_\_\_\_ Other \_\_\_\_\_

How long have you been treating this individual's pets? \_\_\_\_\_

What type of treatment have you provided to this individual's pets? \_\_\_\_\_

|  |     |    |
|--|-----|----|
| Are their pets' vaccination records presently up-to-date?  | YES | NO |
| Do their pets receive monthly heartworm preventative?  | YES | NO |
| Do their pets receive monthly flea/tick protection?  | YES | NO |
| Does this individual demonstrate evidence of responsible pet ownership?  | YES | NO |
| To your knowledge, has this individual ever been accused/convicted of animal cruelty, abuse/neglect, or harboring/unleashing a vicious animal? | YES | NO |
| Do you recommend placement of a Service Dog in this individual's home?   | YES | NO |
| Would you consider offering tax deductible, discounted or donated Veterinary services for a Service Dog placed by Semper Fido, Inc.?           | YES | NO |

Additional Comments: \_\_\_\_\_

**Veterinarian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_