**R.W.B. DOG T.A.G.S. PARTICIPANT APPLICATION**

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| **Application must be complete, have a referral from the VA or Wounded Warrior Project and be emailed back to:** **rwbdtags@outlook.com** |
| **Applicant Information** |
| **Last Name** |  | **First** |  | **M.I.** |  | **Date** |  |
| **Street Address** |  | **Apt/Unit #** |  |
| **City** |  | **State** |  | **ZIP** |  |  |
| **Phone** |  | **E-mail Address** |  |
| **Emergency Contact** |  | **Phone** |  |
|  |
| **MILITARY SERVICE** |
| **Branch** |  | **From** |  | **To** |  |
| **MOS** |  | **Type of Discharge** |  |
| **If other than honorable, explain** |  |
| **Deployment History** |  |
|  |
| **EMPLOYMENT HISTORY** |
| **Company** |  | **From** |  | **To** |  |
| **Address** |  | **Phone** |  |
| **Job Title** |  | **Supervisor** |  |
| **Responsibilities** |  |
|  |
| **Company** |  | **From** |  | **To** |  |
| **Address** |  | **Phone** |  |
| **Job Title** |  | **Supervisor** |  |
| **Responsibilities** |  |
|  |
| **MEDICAL CONDITIONS AND TASKS REQUIRED FOR A SERVICE ANIMAL** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
|  |
| **GENERAL INFORMATION** |
| **Are there children in the home?** | **No** |  | **Yes** |  | **Age(s)** |  |
| **Other people living in the home?** | **No** |  | **Yes** |  | **If yes, list below** |
|  | **Name** | **Age** | **Relationship** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **Are there other pets in the home?** | **No** |  | **Yes** |  |  |
| **Specify number, type, age** |  |
| **Type of home?** | **House** |  | **Apartment** |  | **Condo** |  | **Townhome** |  | **Other** |  |
| **Does anyone in the home smoke?** |  |
| **Does anyone in the home use drugs?** |  |
| **Have you ever been convicted of a felony?** | **No** |  | **Yes** |  |  |  |
| **If yes, explain** |  |
| **Have you ever been investigated for animal cruelty or neglect by a humane organization?** | **No** |  | **Yes** |  |  |
| **If yes, explain** |  |
|  |
| References |
| Please list three personal / professional references. |
| **Full Name** |  | **Phone** |  |
| **Full Name** |  | **Phone** |  |
| **Full Name** |  | **Phone** |  |
|  |
| **DISCLAIMER AND SIGNATURE** |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the program, I understand false or misleading information on my application and/or interview may result in my release. |
| **Signature** |  | **Date** |  |