



PTSD/TBI Dogs and Tags of Wyoming
7618 Aztec Dr.
Cheyenne, Wy 82009
307-286-2645
ptsddogtagsofwyo@yahoo.com
ptsddogtagsofwyo.com

Dog and Tags Client Application

Mission

Dogs and Tags mission is to assist people suffering from PTSD/TBI. We are committed to finding and assisting in training dogs for PTSD/TBI sufferers in their daily living. Dogs and Tags goal is to work alongside therapists to ensure all needs are met, so that the individual and their dogs may be successful.

Application For PTSD Service Dog

Training service dogs for individuals living with Post-Traumatic Stress Disorder (PTSD) requires very specialized knowledge and skills - in both the trainer and the dog. These service dogs must possess a perceptive nature, a courteous, compliant temperament and an intuitive spirit in order to perform their duties independently when the individual is facing a crisis. Dogs and Tags training team will work to identify and evaluate these unique dogs, and then assist in training them to recognize and interrupt the behaviors associated with anxiety, panic attacks and nightmares. Dogs and Tags trainers evaluate both dogs and applicants in order to effectively pair a successful team.

Each dog is trained to a standard, and additional training is customized to the individual needs of the applicant. Dogs and Tags is committed to working together with the applicant and their service dog as they learn to work as a team to increase physical, emotional and social self-sufficiency.

The Dogs and Tags team will work with clients to find the appropriate dog that the client has a connection with. The client will train the dog 3, 15 minute sessions every day as well as attending the weekly scheduled lesson.

Applicant must live within 250 miles of program headquarters, unless special arrangements are made. All special arrangements must be discussed and voted on by the Board of Directors.

Applicant must be actively pursuing the goal of independent living and seeking to improve the quality of their life through partnership with assistance dog.

At the conclusion of the program each dog will be a trained PTSD service dog and is a tool, not intended to substitute or replace current therapeutic or medication treatment plan. The dog is trained to mitigate and distract from possible stressors related to an individual's PTSD and contribute to their physical, emotional and social well-being.



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Service Dogs are not trained to be guard dogs or act aggressive

Placement Interruption Procedure

Dogs and Tags reserves the right to deny an applicant or terminate a placement at any time before or during the Team Training, grounds for termination include:

- A candidate fails to handle an assistance dog according to Dogs and Tags requirements;
- A candidate fails the public access test.
- A candidate handles his or her dog in an abusive or negligent manner;
- Dogs and Tags has grounds to believe the dog will not be able to meet the candidate's needs.
- The placement would jeopardize the dog's health, safety or well being.
- If a dog and handler team that has completed the program fails to re-certify every year their public access maybe revoked.

If required by physician or therapist, applicants must be engaged in counseling/therapy. Applicant must provide a letter of support or prescription stating that they are diagnosed with PTSD and would benefit from a service dog from their mental health provider.

Applicant must be able to handle a service dog independently or with some assistance by an individual that lives in the applicant's home.

Applicant must fully complete the Dogs and Tags Service Dog application package, necessary releases, and signatures as outlined in "Procedure of Application for a PTSD service dog.

Applicant must participate in at least one interview with a Dogs and Tags representative.

Applicant must demonstrate proficiency in handling a service dog at facility and in a variety of public environments while managing the dog's safety, behavior, and working skills.

Applicant must demonstrate a genuine need for a PTSD service dog.

Applicant must allow Dogs and Tags ongoing contact with their mental health provider for the purpose of evaluating any physical, emotional and social improvements. (mental health provider need only to discuss issues pertinent to a successful dog/handler team).



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Note that completion of the full Application/Interview process does not guarantee that an applicant will be placed on the active waiting list; it MUST go before Dogs and Tags' review team to be tentatively approved.

Dogs and Tags reserves the right to deny an applicant acceptance based on:

- . Applicant's unrealistic expectations of a service dog's capabilities.
- . Approved successor dog clients (clients that have completed the program before) have priority over first time applicants.
- . Current numbers of applicants already on waiting list.
- . Current resources available to Dogs and Tags to manage waiting list in a timely fashion.
- . Current number and types of dogs available for training and placement.

If you are approved to receive a service dog from PTSD/TBI Dogs and Tags of Wyoming, the cost of training a service dog is approximately \$1,500 total (\$25.00 weekly). There are grant and fundraising opportunities available.

If approved for a service dog from Dogs and Tags, you maybe be subject to a criminal background check prior to the dog being placed in your care.

Applying for a service dog does not guarantee the placement of a service dog.

If you are approved to receive a service dog from PTSD Dogs and Tags, you will be required to travel to the Dogs and Tags facility weekly by appointment only.

All applicants will be considered regardless of race, sex, religion, creed, sexual orientation and ethnic origin.

PLEASE MAIL OR EMAIL THE COMPLETED PRE-APPLICATION FORM TO:

**Mail: Dogs and Tags of Wyoming
7618 Aztec Dr.
Cheyenne, Wy 82009
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Do you have a dog / or do need a dog _____

Personal Information

Date: _____

Full Name of Applicant: _____

If under 18, Name of
Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Height: _____ Weight: _____

Date of Birth: _____ Male: Female:

Marital Status: Single: Married: Divorced:

Emergency Contact:

Name: _____ Phone Number: _____

What other disabilities do you have? _____

When you are having a tough time, what things do you do to distract yourself, calm yourself down, or make yourself feel better? _____



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Employment / School Information

Employer / School Attend (ed/ing)

City: _____ State: _____

Length of present employment or year in school: _____

Level of School Completed: _____ (High School, Some College, Bachelor Degree, etc)

Have you discussed this application with your principal, superintendent, dean or employer? _____

If so, do you have his/her support? _____

Living Arrangements

Do you live in the city, suburbs, or rural area? _____

Housing: Home w/parents Apartment One level Multi-levels

Group Home Name / Location: _____

Do you: Rent Own

If renting, have you discussed having a dog living on the premises with your landlord? Yes No

Describe your neighborhood, i.e. busy roads, neighbors live close by, dogs or cats running free, etc:



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Do you have any visitors? Yes No

What types of transportation do you use? Car Bus Van Train Plane

List all people residing in your household:

Name	Relationship	Age
------	--------------	-----

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three people who could care for your service dog if you were hospitalized:

Name	Address	Phone	Email
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant

Date



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Medical Information

Primary Physician _____ Phone _____

Address _____

Treating Psychiatrist _____ Phone _____

Treating Therapist _____ Phone _____

Have you discussed this application with your physician? Yes No

Have you discussed this application with your therapist? Yes No

Is he/she in favor of you getting a service dog? Yes No

Please list ALL medications you currently take: _____

Please list ALL physicians who currently treat you and list their field of specialization: _____



Please list three references (non-family members). May we contact these references? Yes No

Name Address Phone Number

Your Training with a Service Dog

Are you able to attend weekly training sessions at Dogs & Tags with your dog? Yes No

Have you ever attended dog obedience class? Yes No What level? _____

Are you willing to participate in on-going training sessions beyond the annual certification to add new skills once you get a service dog? Yes No

Will the dog be exercised and have playtime? Yes No

Have you ever had a dog before? Yes No

Do you, or anyone in your household, have a dog now? Yes No

If so, what is the age: _____ Sex: _____ Spayed/Neutered: Yes No

Is there a breed(s) of dog that you do not like? _____

The size of dog you would prefer: Medium Large



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All dogs are taught basic dog obedience and socialized in public situations. Describe the ways you believe a service dog can assist the applicant in activities or daily living. _____

Describe your daily schedule. _____

Military PTSD

1. Are you Active duty Veteran Civilian

If there was no military service, please skip to question 7.

2. In which branch of the military did you serve? _____

a) In which campaigns (optional)? _____

3. Please tell us what you were like before serving. _____

4. How do you think you have changed since serving? _____



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5. Were you physically injured during military service? Yes No
6. Do you have ongoing pain and/or limitations due to physical injuries? Yes No
7. What changes (emotional, social, behavioral, etc.) would you like to make in your life? _____
- _____
- _____

PTSD / TBI

Were you ever formally diagnosed with TBI, or did you ever receive a head injury, get “your bell rung” or lose consciousness? Yes No

Do you struggle with any of the following symptoms? (please check all that apply)

- _____ Memory difficulty
- _____ Headaches
- _____ Poor attention / concentration
- _____ Difficulty with balance
- _____ Dizziness
- _____ Slowed thinking
- _____ Difficulty finding the words you need

Are you, or have you ever been, involved in any treatment to address TBI issues? Yes No



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Have you ever been diagnosed with any psychiatric disorders? (please check all that apply)

- _____ Depression
- _____ Anxiety
- _____ Panic Disorder
- _____ Psychosis
- _____ Obsessive-Compulsive Disorder
- _____ Other (please list below)

Please give details of the symptoms you've experienced related to the disorder(s) above.

Do you have difficulties with anger management? Yes No

How many days per week do you drink alcohol? _____ How many drinks per day? _____

Do you think you may have a problem with alcohol, or other mood altering substances? Yes No

Are you involved in therapy to address a problem with alcohol, or other mood altering substances? Yes No

If so, would you provide us with a release to talk to your therapist? Yes No

Do you take any medications to address the above issues? Yes No Are they helpful? Yes No



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Please tell us about the people in your life whom you can lean on – friends, family, church family, neighbors and how often do you have contact with them. _____

What do you like to do for fun, what hobbies do you have? _____

When you are having a tough time, what things do you do to distract yourself, calm yourself, or make yourself feel better? _____

Tell us the reasons you want a service dog: _____

What questions do you have that we may address? _____



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Do you certify that all the above information is true, correct, complete, and accurate? Yes No

Signature

Date

Please return all the following information to Dogs & Tags of Wyoming:
7618 Aztec Dr.
Cheyenne Wy, 82009

_____ This completed application

_____ A letter of recommendation from a person not related to you in support of your ability to care for and your need for an assistance dog.

_____ A Letter or prescription from treating physician or therapist verifying that Applicant has been diagnosed with PTSD or TBI.

_____ A letter or prescription verifying applicant has been diagnosed with PTSD or TBI from treating Physician or therapist



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Medical Information Release Form

Individuals Information:

First Name: _____ Last Name: _____

Date Of Birth: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/ Guardian Information:

Name(s): _____

Father Work Phone: _____ Mother Work Phone: _____

Father Cell Phone: _____ Mother Cell Phone: _____

Emergency Contacts Name: _____

Relationship: _____ Phone Number: _____

Clinic / Physicians Information:

Clinic Name: _____

Clinic Address: _____

City: _____ State: _____ Zip code: _____

Physician Seen: _____

Reason Visiting Physician: _____

Permission to Receive Information

I, _____ Certify that PTSD/ TBI Dogs and Tags of Wyoming has my permission and is aloud to receive information from this Physician to ensure that the reason I have a service dog is beneficial to my health.

Client Signature: _____ Date: _____