



Dear Fellow Veteran,

Welcome to Southern Cross Service Dogs, where our mission is to transform lives through the power of service dogs. I am thrilled to extend a warm welcome to you as you take your first step toward joining our incredible community.

At Southern Cross Service Dogs, we understand the profound impact that a well-trained service dog can have on the lives of veterans. Our organization was founded with a deep commitment to providing exceptionally trained service dogs to those in need, and your interest in becoming a part of our family means the world to us.

Before you embark on this journey, I'd like to share a few words of encouragement. Your decision to apply for a service dog demonstrates a remarkable commitment to improving your quality of life. We understand taking the first action towards a life changing decision is no easy feat, and for that we are proud of you. Our team is here to support you every step of the way. Our four-legged friends are ready to become your trusted companions, offering assistance, love, and a renewed sense of independence.

Before you take the first step towards joining our program, it's essential to familiarize yourself with our application process.

We offer two convenient methods for submitting your application, ensuring that the process is as accessible as possible:

1. DOWNLOAD THE APPLICATION

Visit our website at www.southerncrossservicedogs.org and navigate to the "Applications" section. You will find both a printable PDF version and a fillable PDF form for your convenience.

2. PRINT AND FILL BY HAND

- ▶ Download the printable PDF version.
- ▶ Print the application form.
- ▶ Carefully fill out all required fields
- ▶ Sign and date the application.

3. COMPLETE THE FILLABLE PDF VERSION

- ▶ Download the fillable PDF form.
- ▶ Open the PDF using Adobe Acrobat Reader or a compatible PDF viewer.
- ▶ Type your information directly into the fields provided.
- ▶ Save the completed PDF document to your device.

4. SUBMISSION METHODS

- ▶ Email Address: apply@southerncrossservicedogs.org
- ▶ Mailing Address:
Southern Cross Service Dogs
207 W. Plant Street
P.O. Box 770893
Winter Garden, FL 34777

5. WHAT HAPPENS AFTER YOU SUBMIT YOUR APPLICATION

- ▶ Within 7 days of receiving your application, we will acknowledge its receipt via email to confirm that it is in our system.
- ▶ Please understand that the duration of time between your initial acknowledgment and subsequent contact may vary. Several factors influence this timeline, including:
 - ▶ The number of service dogs currently in training.
 - ▶ The availability of service dogs ready to be placed.
 - ▶ The volume of applications we receive.

Rest assured, our team is committed to ensuring that every applicant receives the attention and support they deserve. We appreciate your patience as we work diligently to match you with a service dog that suits your unique needs and preferences.

IMPORTANT NOTES

- ▶ Incomplete applications WILL result in a delay processing your application. Ensure that you provide all the necessary documentation and information as requested in the application form.
- ▶ Every applicant must provide a working email address for future correspondence. This is crucial as we will be using email to communicate with you throughout the application process.
- ▶ If you encounter any difficulties or have questions during the application process, please don't hesitate to contact us at apply@southerncrossservicedogs.org.

Thank you for considering Southern Cross Service Dogs as your partner on this incredible journey. We eagerly anticipate the opportunity to learn more about you and your unique needs, as we work together to match you with a service dog that can truly change your life for the better.

Brandon Marquez

Brandon Marquez, USMC, Retired
Founder, Southern Cross Service Dogs
www.southerncrossservicedogs.org



VETERAN SERVICE DOG APPLICATION

ELIGIBILITY REQUIREMENTS

To ensure that our service dogs are provided to individuals who will benefit from them the most, we have specific eligibility requirements that applicants must meet:

1. Current Active-Duty Military, or Veteran of the United States Armed Services post September 11, 2001. Active Duty Military must be planning to remain in CONUS and have command approval.
2. Applicants must have a verified clinical diagnosis of Post-Traumatic Stress, Traumatic Brain Injury, or Military Sexual Trauma.
3. At this time Southern Cross Service Dogs does not provide service dogs to individuals who are legally blind, hearing impaired, or have significant mobility needs.
4. Applicants qualifying injuries must be service related. The Applicants injuries do not have to be combat related.
5. Applicant must be a resident in the territorial United States and no intention to leave for 60 days after graduation from our program.
6. Applicant must have a stable living environment. We require each applicant to show the past 10 years of their residential history.

ADDITIONAL ELIGIBILITY FACTORS

1. No alcohol or substance abuse and no illegal dependency.
2. Currently have less than 2 dogs in the home, or willing to rehome pets as required. Max number of dogs allowed in home including your Southern Cross Service Dog is 2.
3. Ability to participate fully for 14-21 days without a caregiver or assistance in activities of daily living.
4. Ability to attend monthly training classes.
5. Applicant must have a valid state issued driver's license.

FELONY CONVICTIONS

Felony Convictions DO NOT QUALIFY: Felony convictions, domestic violence, sexual offenses, or animal mistreatment, abuse, neglect, or cruelty disqualify you from this program.

DD-214

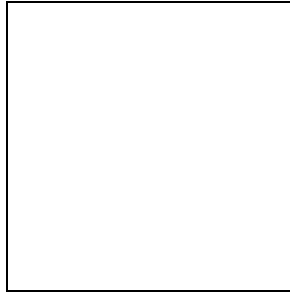
Each applicant is required to submit their DD-214 long form stating their character of service.

QUALIFYING LETTER

A letter from a physician, counselor, or VA Stating; you are medically, mentally, and physically able to handle the responsibilities of owning and training a dog.

PERSONAL INFORMATION

Please attach a photo of yourself:



PERSONAL INFORMATION QUESTIONS

_____ First Name	_____ Middle Name	_____ Last Name	
_____ SSN	_____ Date of Birth	_____ Gender	_____ Race/ Ethnicity
_____ Height	_____ Weight	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Engaged	
_____ Home Phone	_____ Cell Phone	_____ Primary Email	

HOME ADDRESSES

_____ Current Address	_____ Move in Date
_____ Previous Address (<i>Home Addresses for the past 10 years</i>)	_____ Dates
_____ Previous Address (<i>Home Addresses for the past 10 years</i>)	_____ Dates
_____ Previous Address (<i>Home Addresses for the past 10 years</i>)	_____ Dates

EMERGENCY CONTACTS

_____ Emergency Contact #1 Name	_____ Relationship	_____ Phone Number
_____ Address		
_____ Emergency Contact #2 Name	_____ Relationship	_____ Phone Number
_____ Address		

ADVOCATE CONTACT

Spouse or partner Designated Relative Designated Friend Decline to Identify

Name

Email Address

Phone Number

Address

PERSONAL REFERENCES

Personal Reference #1 Name

Relationship

Phone Number

Address

Email Address

Personal Reference #2 Name

Relationship

Phone Number

Address

Email Address

I authorize Southern Cross Service Dogs to contact my personal references listed above and to request of them information about me as an applicant.

I authorize my personal references to disclose all information about me which may be requested by Southern Cross Service Dogs.

TRANSPORTATION

We need to know about your transportation options, including your driver's license status, daily access to transportation, and whether you have adaptive vehicles or use public transportation.

Do you have a current and valid driver's license? Yes No

Do you drive yourself? Yes No

If no, who is your primary driver?

Name

Relationship

Phone Number

Do you have daily access to transportation? Yes No

If no, what is your primary means of travel? _____

Do you have an adaptive vehicle? Yes No

If yes, explain type; hand controlled auto, hand controlled van, van with a lift, etc. Please explain:

If you currently do not have an adaptive vehicle, but you need assistance, please explain what you need:

Do you routinely travel on public transportation? Yes No

If yes, explain:

HOUSEHOLD INFORMATION

Understanding your household dynamics is crucial in placing the right service dog with you. We ask about the number of people in your household, any existing service animals or pets, and whether anyone in your home is allergic to dogs.

Please list all members of your household and the amount of time they live with you:

Name	Age	Relationship	% of time they reside with you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any service animals in your home? Yes – Dog No

Name	Breed	Age	Weight
_____	_____	_____	_____
_____	_____	_____	_____

Service Dogs Training History (*prior training, personal or professional organization*):

Behavior Concerns:

Please list any other pets in your home:

Name	Breed	Weight	Age	Behavior Concerns
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are the pets in your home up to date on vaccinations? Yes No

If no, please explain:

Is anyone in your home allergic to dogs? Yes No

Before we consider pairing a veteran with a hypoallergenic dog, we must have written verification from an allergy specialist that you or a member of your household has tested positive for an allergy to dogs which should not be triggered by a hypoallergenic dog. Please be aware that our ability to pair veterans with a hypoallergenic dog is constrained by our limited ability to acquire hypoallergenic dogs, and therefore, veterans requiring a hypoallergenic dog experience a delay in placement in the program.

Current Veterinarian:

Name Office Name Phone Number

Address

Name Office Name Phone Number

Address

HOME DETAILS

Do you own or rent your home? Own Rent

Describe your home and neighborhood:

Home type: Apartment Townhome Condo Mobile Home Single Family Home
 Other: _____

Has a yard? Yes No

Household location: Rural Suburban Urban

Do you have a fence around your yard? Yes No

Is your home fully accessible to you? Yes No

If no, please explain:

MILITARY INFORMATION

To assess your eligibility and better understand your military background, we ask for details such as branch of service, rank, pay grade, military occupational specialty, and a history of your service, including deployments and awards.

BRANCH OF SERVICE

_____	_____	_____
Branch of Service	Rank	Pay Grade
_____	_____	_____
Military Occupational Specialty		Years of Service
_____	_____	_____
Branch of Service	Rank	Pay Grade
_____	_____	_____
Military Occupational Specialty		Years of Service
_____	_____	_____
Branch of Service	Rank	Pay Grade
_____	_____	_____
Military Occupational Specialty		Years of Service

List all Periods of Service:

Entered Date	Exit Date	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____

LOCATION HISTORY

Service Location	Entry Date	Exit Date	Duty Station
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEPLOYMENT HISTORY

Deployment Location	Entry Date	Exit Date	Campaign Name	Combat?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please briefly describe your deployment:

MILITARY AWARDS

List your Awards or Decorations:

BIOGRAPHICAL INFORMATION

This section helps us get to know you better. We ask about your daily life, how you deal with anger, stress, emotional conflicts, personal confrontations, and any common triggers for anxiety or PTSD.

ABOUT YOU

Please tell us about yourself. Include a description of a typical day in your life:

ANGER AND STRESS

How do you deal with your anger and stress?

EMOTIONAL CONFLICT

Please provide an example of a time when you were faced with an emotional conflict and the steps used to resolve the conflict:

PERSONAL CONFRONTATION

How do you deal with personal confrontation?

ANXIETY OR PTSD

If you experience anxiety and/or other symptoms of PTSD, please list the most common triggers:

HOBBIES

Please tell us of things you do in your down time, or activities you are looking to again enjoy:

WORK AND EDUCATION INFORMATION

Understanding your work environment, job functions, and typical workday helps us ensure that a service dog can be accommodated at your workplace if needed.

WORK INFORMATION

If you will need your employer to modify or provide an exception to any policies so that you may be accompanied at work by your Service Dog, we encourage you to begin the interactive process of arranging reasonable accommodation(s) at least 90 days in advance of your training. For example, many of our veterans have reasonable accommodations in their workplace that allow them to be accompanied by a Service Dog despite a no pets policy, have a crate in their workspace, and/or take additional breaks. Southern Cross Service Dogs does not request reasonable accommodations for veterans; however, it is your responsibility to request accommodations from your employer 90 days prior to training.

I acknowledge that I have read the above information

Employer Name

Job Title

Please describe your work environment (*large/small office, high rise, downtown, suburban, rural location, indoors, outdoors, etc.*):

Please describe your job function(s):

As accurately as possible, please describe your typical workday:

Is your employer aware of your decision to apply for a service dog? Yes No

EDUCATION INFORMATION

Highest Level of Education

Name of Degree

Date of Degree

Are you presently a student? Yes No

Location

Application of Classes

What are you pursuing?

Are you aware of the service dog policy for your school? Yes No

If YES, please thoroughly review the policy dictated by your school. If NO, please obtain and thoroughly review a copy of the policy.

MEDICAL AND MENTAL HEALTH

To match you with an appropriate service dog, we collect information about your medical and mental health, including your diagnosis, VA medical services, verbal skills, primary disability, physical strength, activity level, mobility level, and more. This information ensures we select a dog that suits your needs.

Please be as precise as possible, as this section aids us in assigning and training a service dog that will be most suited to your conditions. If you are currently in the process of documenting your disabilities, please proceed with the application with the understanding a service dog will not be placed without a verifiable diagnosis of service related PTSD, TBI, and/or MST.

Do you have service-connected Post-traumatic Stress Disability (PTSD)? Yes No

Do you have service-connected Traumatic Brain Injury (TBI)? Yes No

Do you have Military Sexual Trauma (MST)? Yes No

MEDICAL & MENTAL HEALTH QUALIFICATION

Southern Cross Service Dogs serves veterans with a verifiable diagnosis of PTSD, TBI, and/or MST, which must be service-related. At this time, we do not train service dogs for any other disabilities. Specifically, we do not train service dogs in the tasks that would be necessary to aid someone who uses a wheelchair, mobility scooter, or walker, is substantially visually or hearing impaired, needs retrieval assistance, or has advanced mobility or medical alert issues.

If you do not have a verifiable diagnosis of service-related PTSD, TBI, and/or MST, or if you have one or more of the additional disabilities mentioned above, we are unable to process your application at this time. Please contact our Veteran Resource team at info@southerncrossservicedogs.org. We would be happy to provide resources of similar organizations that could be better suited to support your needs.

Primary Diagnosis

Diagnosis

Date of Diagnosis

Secondary Diagnosis

Diagnosis

Date of Diagnosis

Do you currently receive medical services from the Department of Veteran Affairs? Yes No

If yes, which VA facility do you receive treatment at? _____

Disability

What is your primary disability?

Verbal Skills

On a scale of 1 (nonverbal) to 5 (fluent with clear enunciation), please rate the quality of your verbal communications.

1 2 3 4 5

Please describe any challenges with your verbal communication you encounter:

Physical Strength

On a scale of 1 (weakest) to 10 (strongest), please rate your physical strength:

1 2 3 4 5 6 7 8 9 10

Please describe any challenges you have with your physical strength:

Activity Level

On a scale of 1-10, please rate your activity level: *(Activity is the amount of movement you may do throughout the day)*

1 2 3 4 5 6 7 8 9 10

Please describe your daily activities:

Mobility Level

On a scale of 1-10, please rate your mobility level: *(Mobility is the ability to move your body)*

- 1 2 3 4 5 6 7 8 9 10

Please describe any mobility challenges you have:

Are you able to maneuver your body to adjust your balance if pulled by service dog? Yes No

Braces

How often do you use braces for assisted movement?

- Never Occasionally Frequently Always

PRESCRIPTION MEDICATION

Do you currently take any prescription medication? Yes No

Please list all current prescription medications:

Date Started	Medication	Dose	Method of Administration	Frequency	Reason for Use
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list any and all other medications you currently or routinely take:

Date Started	Medication	Dose	Method of Administration	Frequency	Reason for Use
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any allergies to medications? Yes No

If yes: _____

Dominant Hand? Left Right

Do you have a history of falling? Yes No

Primary Physician

Office Name	Doctor Name	Type of Doctor
Address		Phone Number

Other Physician

Office Name	Doctor Name	Type of Doctor
Address		Phone Number

Psychologist / Psychiatrist

Office Name	Doctor Name	Type of Doctor
Address		Phone Number

Other Mental Health Provider

Office Name	Doctor Name	Type of Doctor
Address		Phone Number

Adaptive Equipment

Adaptive equipment being used *(please list specific details, if applicable, in the space provided for each assistive device):*

Physical Limitations

Please list any physical limitations, significant medical conditions or illnesses, injuries, or surgeries about which we need to be aware.

Daily Life Effects

How does your disability affect your daily life? What are your functional limitations? Describe problems such as carrying items, walking distances, leaving home on your own, ability to be in crowds, ability to be in large groups, driving a car, or any others.

Other Limitations

Please describe any other limitations you may have such as mobility, reaction speed, balance, vision, speech, heat/cold sensitive, learning impairments, or anything else you feel we should know to best accommodate your needs.

LEGAL HISTORY

It is the policy of Southern Cross Service Dogs to conduct multiple background checks on all applicants. Being charged with or convicted of a crime does not necessarily disqualify an applicant. Please be honest and thorough with your answers.

Have you been charged with, or convicted of a felony? Yes No

If yes, please list the charges, year charged, state charged, verdict:

Have you been charged with, or convicted of a misdemeanor? Yes No

If yes, please explain:

Have you been charged with, or convicted of any criminal traffic violations? Yes No

If yes, please explain:

Have you ever received other traffic violations? Yes No

If yes, please explain:

Have you been arrested? Yes No

Have you been arrested at any time, for anything, in the last 36 months? Yes No

If yes, please annotate arrest(s) even if it did not result in a conviction:

Do you have a history of violence? Yes No

Have you ever become so angry/frustrated that you have struck someone? Yes No

Have you ever become so angry/frustrated that you have struck an animal? Yes No

FINANCIAL RESPONSIBILITY

Applicants must be dedicated to meeting the physical, emotional, and training needs of their service dog.

- Daily feeding, grooming, play, exercise, and relieving (bathroom) breaks. Food, toys, and grooming supplies cost \$600-\$700 per year.
- Annual veterinary examinations and vet care as needed for unexpected health issues. It is best to plan an average of \$600 per year for veterinary costs, although this will vary from year to year.

Can you meet the financial requirements of having a service dog? Yes No

(No is not disqualifying)

MISCELLANEOUS

Have you owned a dog in the past? Yes No

Are you familiar with the care of dogs? Yes No

Is anyone in your house scared of dogs? Yes No

Does everyone in your household support your decisions to apply to a service dog program? Yes No

If yes, please comment on any obstacles or issues you feel need to be addressed in order for you to attend team training: *(Keep in mind that the waitlist is anywhere from 18-36 months)*

If no, who does not support your decision?

Have you applied to any other service dog organizations? Yes No

Have you ever been accepted to another service dog organization? Yes No

If yes, who? Do you currently have a dog from them?

Have you ever been denied a service dog by an organization? Yes No

If yes, who? Why?

How did you learn about Southern Cross Service Dogs?

Do you feel capable of responding to the challenges of having a service dog in public places where you might be questioned as to your service dog's certification and legal right to be present?

Are you prepared to care or arrange for care of a dog every single day?

Are you prepared to always be the center of attention?

Are you willing and able to accept the training and socialization obligations accompanying a Service Dog?

Are you prepared to deal with conflict?

Are all family members on board with having a service animal and all the training time that is involved?

Do you agree not to take the dog into areas that could be hazardous to the health of the dog?

Are you prepared to attend training classes to learn your new service dog? Understanding you will be required to go in public, interact with others, and engage in questions about your dog with strangers.

In your own words, describe ways you believe a Service Dog can assist you in mitigating your disabilities. Why do you wish to partner with a Service Dog? What tasks or skills would you want your dog to perform for you?

Did you have assistance filling out this application: Yes No

Name

Relationship

Phone Number

Address

Email Address

CONSENT

I give consent for the individuals listed below to release to Southern Cross Service Dogs 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 Southern Cross Service Dogs, 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.

Name

Signature

Date

PLEASE USE THIS AREA FOR ANY QUESTIONS THAT REQUIRE ADDITIONAL SPACE

A large empty rectangular box with a thin black border, intended for providing additional space for questions or answers.