



# Vancouver Island Compassion Dogs Society

Registered Canadian Charity Number: 833948771RR0001

## APPLICATION P1

### CONFIDENTIAL APPLICATION PROCESS

#### STEP #1 Apply

1. Complete and submit the attached application form.
2. Attach a letter from a psychologist and /or psychiatrist confirming your diagnosis of PTSD and their recommending you for the program. Applications & referral letter can be scanned and emailed to: vicompassiondogs@gmail.com, or mailed via Post.

#### STEP #2 Interviews

Once the application and letter have been received an Interview time is arranged with VICD Team, (consisting of the Executive Director, Director of Administration, Director of Mental Health and Lead Trainer). At the time of the interview please bring your Veteran/Service Identification (i.e. Blue Cross, VAC Card).

#### STEP #3 Home Visit

To complete the application process two VICD representatives will come to your home and meet with all the members of your household to review the program and assess your home for suitability for a VICD dog.

**Application submission does not guarantee  
acceptance into the program.**



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## APPLICATION P2

### GENERAL INFORMATION

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

email \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact (local): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Emergency Contact Cell: \_\_\_\_\_

Are you a Veteran:  YES  NO Are you transitioning out of the Military:  YES  NO

Are you presently working:  YES  NO If yes, how many hours per week do you work: \_\_\_\_\_

How did you hear about Vancouver Island Compassion Dogs:

Veteran Affairs - list location: \_\_\_\_\_  Referred by (name): \_\_\_\_\_

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

If you have a dog you would like to be evaluated for training . Please call VICD Administrator Barb Ashmead 250-954-5552 for details. Please note that VICD does not recommend you purchasing your own dog as suitability can be difficult and we will provide pre-screened dogs at no cost to you .

Do You Have any Allergies? Please list: \_\_\_\_\_

Do you have any physical challenges that VICD should be aware of? \_\_\_\_\_

Please describe how your PTSD affects your life and your current level of independence: \_\_\_\_\_



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## APPLICATION P3

### GENERAL INFORMATION

Do You Rent or Own:  Own  Rent

Home Type:  Apartment  House  Condo  Assisted Living

If you are renting you will need to provide VICD with a written consent letter, from your Landlord, allowing you to have a dog. Please ensure that a phone number for the Landlord is included.

People in Home: Adults \_\_\_\_\_ Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Fenced Yard:  YES  NO

Are there other animals in the household:  YES  NO If yes, please list: \_\_\_\_\_

Do your animals get along with other dogs:  YES  NO

Please tell us how a VICD Service Dog will help change your life: \_\_\_\_\_

In order to qualify for consideration for this program, you must be referred by a Psychiatrist or Psychologist. Please attach a medical letter signed by a psychiatrist or psychologist stating you have a diagnosis of PTSD and need/require or would benefit from having a dog.

As the program can be demanding we require you to be seeing your psychologist/psychiatrist at least twice a month for support while going through the program For further details and/or clarification about the requirements of our program, please phone or email VICD: **250.954.5552 - vicompassiondogs@gmail.com**

Is a letter included with this application:  YES  NO