



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: _____

At this time VICD will not be accepting personal dogs into the program. All accepted applicants will be provided a dog by VICD

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