

BATTLE BUDDIES OF CENTRAL OREGON

PO Box 1290 Redmond, OR 97756

bbco@battlebuddiesco.org

facebook.com/cobattlebuddy

541.390.7587

Name _____

Phone _____

Email _____

Emergency Contact: _____

How will you attend training? _____

When are you available for training?

Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Time							

Do you own your home? Yes / No

Is your yard fenced? Yes / No

Are you employed or going to school? Yes / No

Do you have a disability rating? Yes / No If so, what is it?

Do you expect your percentage to increase? Yes / No

Do you have your Dx/Rx? Yes / No

Do you have children in the home? Yes / No

Do you have any other dogs living with you? Yes / No

How many? Male / Female Ages?

Do you have back, knee, or other mobility issues?

Do you need help physically? If yes, explain:

What are your signs of stress? Explain:

Are there any other things to consider?

HEALTH CARE PROVIDER FORM

This letter may be written by a Psychologist, Social Worker, Therapist, Physician, Physician's Assistant or Nurse Practitioner.

Applicant _____

Health Care Provider _____

Email _____

Address _____

Phone _____

The above veteran has applied to receive an emotional support animal from Battle Buddies of Central Oregon (aka BBCO).

BBCO trains specially selected shelter dogs, or dogs owned by the veteran after being evaluated and deemed appropriate for the program. These dogs may be Emotional Support Animals or PTSD Service Dogs for Wounded Warriors.

Please provide a letter of recommendation for the named Warrior to receive an Emotional Support Animal for the medical diagnosis of PTSD on your personal letterhead.

Please discuss the applicant's disabilities. How would this PTSD Service Dog benefit the applicant?

To the best of your knowledge is the applicant able to care and provide for a PTSD Service dog?

Has the applicant had a suicide screening? _____ If yes, When? _____

Is the applicant currently in therapy? _____

Please provide a written prescription for an Emotional Support Animal to this person and DO NOT include the diagnosis on the prescription. Your help in this process is greatly appreciated.

Signature _____ Date _____

RELEASE FORM

Confidentiality

Battle Buddies of Central Oregon follows all HIPAA regulations as required by the State of Oregon and the Federal Government. All information received from the applicant and / or health care providers will remain strictly confidential.

Media

I agree that all photographs or video footage taken of me any time during training are the property of Battle Buddies of Central Oregon (BBCO) and may be used by for training, record keeping, fund-raising and educational purposes.

This is to authorize any person, health care provider, physician, or organization to release any necessary information to Battle Buddies of Central Oregon concerning me. This information will be used to evaluate my application for a PTSD Service Dog and its specific training.

I have read, understand and will comply with all the above.

Applicant _____

Signature _____ **Date** _____

BBCO Representative

Name _____

Title _____ **Date** _____

Witness _____ **Date:** _____

PERSONAL REFERENCE LETTER

_____ has applied for an Emotional Support Animal through the Battle Buddies of Central Oregon for Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or Military Sexual Trauma (MST) to help him / her cope with the difficulties associated with their diagnosis. It would be appreciated if you would please provide any information regarding the personality, temperament, and character of the applicant. Please include this information with the Personal Reference Letter.

NAME _____

PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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Please include the following in the Personal Reference letter, if you attach one.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

What support systems does the applicant have? _____

To the best of your knowledge how would the applicant benefit from a PTSD Service Dog?

To the best of your knowledge is the applicant able to care and provide for a dog?
YES / NO

Would the applicant be able to handle a support dog in times of great stress? YES / NO

How do you think the applicant would handle the increased attention brought to him / her by the presence of a service dog in public places?

How do you think the applicant would handle his / her right to be accompanied by a service dog being challenged?

The information contained herein is true and correct to the best of my knowledge.

Signature_____Date_____

Please return letter via email at bbco@battlebuddies.org or mail to:

Battle Buddies of Central Oregon
PO Box 1290
Redmond, OR 97756
541-390-7587