

Thank you for your interest in the Roger Up service dog program. This application helps us understand your needs and determine how a trained service or detection dog can best support you. Please complete every section as accurately as possible. All information is kept confidential and used solely to evaluate your application. You may type directly into this form or print it and complete it by hand.

1. APPLICANT INFORMATION

First Name

Middle

Last Name

Date of Birth (MM/DD/YYYY)

Email Address

Primary Phone

Alternate Phone

Street Address

Apt/Unit

City

State

ZIP Code

Preferred Contact Method (phone/email/text)

Best Time to Reach You

2. VETERAN / FIRST RESPONDER VERIFICATION

I am applying as a (check all that apply):

☐ Veteran

☐ Active Duty

☐ National Guard/Reserve

☐ Law Enforcement

☐ Firefighter

☐ EMS/Paramedic

☐ Other First Responder

Branch / Agency

Dates of Service / Employment

Rank / Title (if applicable)

Discharge Type (if veteran)

Verifying Document Provided (DD-214, agency ID, etc.)

Service-Connected Disability Rating (%)

A copy of your DD-214, agency credential, or equivalent will be requested to verify eligibility.

3. DISABILITY & SERVICE NEED

Please describe the disability or condition for which you are requesting a service dog:

How does this condition affect your daily life and independence?

Are you currently under the care of a provider? (Yes/No)

Provider Name

Provider Phone

Has a provider recommended a service dog? (Yes/No)

4. TASK-SPECIFIC & DETECTION NEEDS

What type of support do you need? (check all that apply):

Mobility Assistance

PTSD / Psychiatric Support

Medical Alert

Guide / Hearing

Seizure Response

Detection (see below)

Other

If detection work is needed, indicate type:

Narcotics

Explosives

Bed Bugs

Mold

Medical Scent

Other

Describe the specific tasks you need the dog to perform (be as detailed as possible):

Have you had a service dog before? (Yes/No)

Do you have a preferred breed or size?

5. LIVING SITUATION & HOUSEHOLD

Type of residence:

Own

Rent

Family/Other

Number of adults in household

Number of children (and ages)

Do you have a fenced yard or safe outdoor space?

Yes

No

List any current pets (type, breed, age, temperament):

Is anyone in the household allergic to dogs?

Yes

No

Unsure

Describe your typical daily routine and how a service dog would fit into it:

6. VETERINARY & CARE COMMITMENT

A service dog requires a lifelong commitment to food, exercise, training maintenance, and veterinary care.
Are you able to provide daily care and exercise? (Yes/No) Est. monthly budget for the dog's care

Do you have a veterinarian? (Yes/No) Veterinary Clinic Name

Vet Phone Who will care for the dog if you are unavailable?

Are you able to attend required training and follow-up sessions?

Yes No Need accommodation

Is there anything that may affect your ability to care for a service dog (travel, work, health)?

7. REFERENCES

Please provide two references who can speak to your character and readiness for a service dog.

Reference 1 — Name Relationship Phone

Reference 2 — Name Relationship Phone

8. ACKNOWLEDGEMENTS & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge.

I understand that submitting this application does not guarantee placement of a service dog.

I authorize Roger Up to verify the information provided, including service/employment and references.

I understand a service dog is a lifelong commitment and agree to provide proper care, training maintenance, and veterinary attention.

I agree to participate in required training, evaluations, and follow-up as part of the program.

Applicant Signature Date

If applicant is a minor or under guardianship — Guardian Signature Date

Submitting Your Application

Return this completed application, along with verifying documents, to Roger Up. A team member will review your application and contact you regarding next steps. Questions? Reach out to our program staff.