

Thank you for your interest in receiving the donation of a  
German Shepherd Dog (GSD) on behalf of  
**Dane's Dogs for Vets.**

Some things to consider:

- Please allow 4-6 weeks for our committee to process your application.
- Filling out an application DOES NOT guarantee the placement of a GSD.
- Please don't allow the length of the application to deter you from filling one out. We like to gather as much information as we can to properly accommodate your needs.
- All sections of the application and all additional documents must be completed and attached to be considered for a GSD placement.
- We will do our best to work with each individual on a case-by-case basis.

Please mail completed application to:



Dane's Dogs for Vets, 637 Devon  
Road, Camp Hill, PA 17011

**OR**

email a copy to  
[danesdogsforvets@gmail.com](mailto:danesdogsforvets@gmail.com)

*In loving memory of Cpl Dane Freedman and his service dog, Lager.*

Cpl Dane Freedman Foundation

Dane's Dogs for Vets

637 Devon Road, Camp Hill, PA 17011

[danesdogsforvets@gmail.com](mailto:danesdogsforvets@gmail.com)

[www.danefreedman.com](http://www.danefreedman.com)



## **Dane's Dogs for Vets**

### **Application for GSD Placement**

Dane's Dogs for Vets is an organization formed in memory of Cpl Dane Freedman following his tragic death by suicide on December 13, 2013. We strive to donate German Shepherd Dogs (GSD) at no cost to veterans diagnosed with Post Traumatic Stress Disorder (PTSD) after their discharge from active service. These puppies will be donated at 8-weeks-old, and will subsequently be placed in hopes of providing life saving companionship on their journey towards healing. The number of dog placements each year will solely depend upon the amount of monetary donations we receive. Not only will the veteran receive the 8-week-old German Shepherd, but he/she will receive the following: one leash, one collar, one bag of dog food, one dog dish, and one toy. Interested veterans will need to fill out this application, and attach all additional documents to the end of the application. There are basic criteria that the veteran must meet in order to be eligible to apply for a puppy. Applicants must i) be a U.S. veteran with an honorable discharge from any branch of Armed Services

- ii) have a verifiable diagnosis of PTSD, must be military related
- iii) have a current stable living situation
- iv) not have any convictions for any crimes against animals  
(applicants may be subject to a background check)
- v) understand the huge responsibility of taking on an 8-week-old German Shepherd puppy (refer to "GSD Disclosure Statement")

Additional Materials Checklist:

1. Completed application (this document) \_\_\_\_\_

2. A current, official signed letter from your medical doctor, psychiatrist, psychologist, or other licensed mental health care professional verifying your PTSD diagnosis and that you would benefit from bonding with a GSD. (page 11 of this application) \_\_\_\_\_
3. A copy of your DD Form 214 (one for each period of service) \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dane's Dogs for Vets Application Form

(All fields required)

### Section 1: APPLICANT INFORMATION

Full name: \_\_\_\_\_

First

Middle initial

Last

Branch of service: \_\_\_\_\_ Highest rank achieved: \_\_\_\_\_

Current home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Preferred means of communication (circle one): Phone Email

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Best time to call (circle one): Daytime Evening

Primary e-mail address: \_\_\_\_\_

Birth date: \_\_\_\_\_

(MM/DD/YYYY)

Age \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Gender \_\_\_\_\_

Marital status: \_\_\_Single \_\_\_Married \_\_\_Separated

\_\_\_Widowed \_\_\_Other

Emergency contact information:

Name: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

(circle one) cell home

Relationship to you: \_\_\_\_\_

Employment

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your highest level of education: \_\_\_\_\_

Are you presently employed by the employer listed above? (circle one)      Yes      No

How many hours per week do you work? \_\_\_\_\_

If not presently working, do you plan on becoming employed? \_\_\_\_\_

Do you have a current and valid driver's license? (circle one)      Yes      No

If no, who is your primary driver? \_\_\_\_\_

### Household

How many people currently live in your household? \_\_\_\_\_

Please list all individuals who live with you in your home, their ages, and their relationship to you.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own or rent your home? (circle one)      Own      Rent

If you rent, do you have permission from your landlord to have a GSD in your apartment (can reach over 100 pounds) \_\_\_\_\_

Do you have a fence around your yard? (circle one)      Yes      No

Have you ever owned a dog before? (circle one)      Yes      No

If yes, what breed? \_\_\_\_\_

Does anyone in your household have allergies to dogs? (circle one)      Yes      No

Is anyone in your home afraid of dogs? (circle one)      Yes      No

Describe your home and living environment (house, apartment, size of yard, city, suburb):

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Do you plan on crating your GSD when you are not home\*? \_\_\_\_\_

*\*We highly recommend this*

Do you have any other animals that live in your home? (circle one)                      Yes      No

If yes, please list all other animals in the household below: (for other dogs, please indicate whether or not they are kept in a crate while you are away from your home.)

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Can you handle the financial responsibility of owning a German Shepherd Dog?  
(example: food, grooming, veterinary bills) \_\_\_\_\_

Have you ever attended dog obedience classes? (circle one)    Yes    No

If yes, where? \_\_\_\_\_

Do you consider yourself knowledgeable about dogs?                      Yes    No

What is the average number of hours per day the dog would be alone? \_\_\_\_\_

Do you plan on bringing your GSD with you on future vacations that you take? (circle one)

Yes                      No

Does everyone in your household support the decision for you to bring a GSD into your home? \_\_\_\_\_

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### Biographical Information

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

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How do you deal with anger? \_\_\_\_\_

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Describe some of the current triggers for your PTSD and/or anxiety: \_\_\_\_\_

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Describe how you deal with personal conflict: \_\_\_\_\_

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Please describe how your diagnosis of PTSD affects your daily life. What specific symptoms do you believe a GSD would help alleviate? How? \_\_\_\_\_

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Use this space, if needed, to include any other information you believe is important for us to know about your mental health diagnosis, and how receiving a GSD would be beneficial to your overall mental health. \_\_\_\_\_

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Section 2: MILITARY INFORMATION

Branch of service(s): \_\_\_\_\_

Rank: \_\_\_\_\_ MOS: \_\_\_\_\_

Please list all periods of service:

Entered service (date): \_\_\_\_\_ Discharged (date): \_\_\_\_\_

Entered service (date): \_\_\_\_\_ Discharged (date): \_\_\_\_\_

Entered service (date): \_\_\_\_\_ Discharged (date): \_\_\_\_\_

Entered service (date): \_\_\_\_\_ Discharged (date): \_\_\_\_\_

Please provide any information about your military service that you would like to share:

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Section 3: MEDICAL HISTORY

Are you currently receiving assistance from Veteran's Administration (VA) medical services?

Yes                      No

What is the nearest VA facility to your home? \_\_\_\_\_

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What is your current primary diagnosis? \_\_\_\_\_

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Date of onset of diagnosis (MM/DD/YYYY): \_\_\_\_\_

How long have you been experiencing symptoms? \_\_\_\_\_



Please feel free to list any secondary diagnoses: \_\_\_\_\_

\_\_\_\_\_

Please list any physical limitations you may have: \_\_\_\_\_

\_\_\_\_\_

Please list any significant medical conditions or illnesses, injuries or surgeries about which we need to be aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Personal Reference Form

*\*Personal reference must be someone who is not related to you.*

Personal reference: \_\_\_\_\_

First

Last

Primary phone number: \_\_\_\_\_ (circle one) Cell Home

Primary e-mail address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_

Do you believe the applicant is at a place in their life where they are able to take care of  
and ultimately train an 8-week-old German Shepherd? Yes No

Please explain why the applicant would be an ideal recipient of the GSD puppy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you seen the applicant interact with animals? Yes No

If so, do you believe he/she would make a good dog owner? \_\_\_\_\_

\_\_\_\_\_

If there is any other information that you believe is appropriate to share about the applicant  
and why he/she may benefit from the companionship of a GSD, please include that below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cpl Dane Freedman Foundation

Dane's Dogs for Vets

637 Devon Road, Camp Hill, PA 17011

[danedogsforvets@gmail.com](mailto:danedogsforvets@gmail.com)

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Physician Recommendation Letter

To Whom It May Concern:

\_\_\_\_\_ is a patient under my care, and has been under my care since  
\_\_\_\_\_. He/She has a disability defined by the Federal Fair Housing Act. I am  
intimately familiar with his/her history and with the functional limitations of his/her disability.

This disability causes these effects: Re-experiencing previous traumatic event, hyper-arousal, variable  
mood fluctuations based on current triggers, avoidant behaviors based on over stimulation, which would  
be mitigated by a service animal. I am therefore prescribing a service animal that  
\_\_\_\_\_ needs to enhance his/her ability to live independently and that  
\_\_\_\_\_ needs to allow him/her an equal opportunity to use and enjoy his/her  
dwelling and function in society.

Sincerely,

Doctor's name:

License number:

Phone number:

Extension:

If anyone other than the veteran assisted in filling out this application, please write that individual's name below:

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First

Last

\_\_\_\_\_ (circle one) Cell Home

Primary phone number

## German Shepherd Dog (GSD) Agreement Disclosure Statements

**Please indicate that you have read the following statements by placing your initials on the appropriate line provided:**

\_\_\_\_\_ I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situation. I understand that my failure to provide complete, accurate, and honest information herein will permanently disqualify me from the Dane's Dogs for Vets organization and will result in my immediate removal from the program or waiting list.

\_\_\_\_\_ I understand that Dane's Dogs for Vets must do some investigative work into my background in order to determine my level of needs and whether or not I would benefit from a GSD. I authorize Dane's Dogs for Vets to confirm and/or research any statements made in this document.

\_\_\_\_\_ I understand that filling out this application for a GSD placement through Dane's Dogs for Vets *does not* guarantee I will receive a donation of a dog.

\_\_\_\_\_ I understand that Dane's Dogs for Vets may contact the individual listed on my "personal reference" form, and I authorize them to do so, and the personal reference to disclose information about me, as an applicant.

\_\_\_\_\_ I understand that by completing this application, I may be asked to have an interview with a representative of Dane's Dogs for Vets.

\_\_\_\_\_ I understand that if my application is accepted, Dane's Dogs for Vets will donate an 8-week-old GSD puppy to me, free of charge delivered to my home residence, or another meeting place that is agreed upon. I will also receive the following: one leash, one collar, one bag of puppy food, one dog dish, and one toy.

\_\_\_\_\_ I understand that once my GSD is donated to me, all ownership rights have been transferred to me and I am now fully responsible for my dog. I promise to make sure he/she is properly fed, bathed as needed, exercised for a minimum of 60 minutes per day, taken on regular walks, socialized as

much as possible (very important for GSD - can never start too early) and maintains overall good health.

\_\_\_\_\_ I understand and agree to take my GSD to annual veterinary visits and keep him/her up to date with all appropriate vaccinations and/or necessary medications.

\_\_\_\_\_ I understand that the life expectancy of a GSD is on average 9-13 years, and realize how huge of a commitment I am making by filling out this application. I fully agree to provide my dog with the best life possible within my ability.

\_\_\_\_\_ I understand and agree that I will work with the committee within Dane's Dogs for Vets based on my particular needs to get into an obedience training program as soon as possible following the placement of my dog.

\_\_\_\_\_ I understand and agree that I am responsible for keeping up with appropriate training and work with my GSD on a daily basis.

\_\_\_\_\_ I understand and agree to take full financial responsibility for my GSD; I understand that raising a puppy in the first year can cost me upwards of \$1,000, depending on a multitude of different variables including unforeseen vet bills, toys, food, and pet supplies.

\_\_\_\_\_ I understand and agree that if anything were to happen where I am unable to properly care for my GSD anymore, Dane's Dogs for Vets must be notified immediately and will make appropriate arrangements for the dog. (NOTE: The last thing we want is our GSD to end up without a home, or in a shelter. By signing this line, you are agreeing to notify us IMMEDIATELY if there are any issues with you or your dog that cause you to no longer be able to care for him/her)

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (please sign)

THIS PAGE HAS INTENTIONALLY BEEN LEFT  
BLANK. THANK YOU FOR APPLYING!