CANINES FOR SERVICE

Spouse/Significant Other Consent

This form is required to be completed by the applicant's spouse/significant other, NOT the applicant themselves. This is necessary to ensure all parties understand the commitment of the service dog for the veteran and understand that the medical option of a service dog is desired by the veteran. The information will assist our organization in assessing the suitability of the applicant's home for placement of a service dog.

Applicant's Name:

Your Name:

Street Address:

City: **State:** **Zip:**

Phone Number:

Email:

How do you feel having a service dog will benefit the veteran applying:

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Describe how you think you/your family will benefit from the veteran having a service dog:

The service dog is required to live in the house with the veteran and accompany them wherever he/she goes. What concerns, reservations, or obstacles do you have about the service dog being in the home or in public?

In the event the veteran applying for the service dog cannot provide for his/her service dog (e.g. periods of hospitalization), are you able and willing to care for the service dog's needs? ◯ **Yes** ◯ **No**

Are you willing to partake in a virtual interview with the organization's staff regarding your overall support and to provide more information regarding your partner applying and receiving a service dog from Canines for Service? ◯ **Yes** ◯ **No**

If no, please explain:

Signature: **Date:**