

Marine Corps League
803 Low Country Detachment
Charleston, SC

Service Dog/ Therapy Dog Application



Service Dog "Gracie"

Please complete all information to the best of your knowledge. The best candidate for the pup that will be trained will be the recipient. Due to length of time to train a dog, and testing they must go through, we will only be able to give 1-2 dogs out per year.

Name of Disabled Party:

Date of Birth:

Branch of Service:

Address of disabled party:

Is the disabled party the primary contact? YES_____ NO_____

If NO, Name of Primary Contact:

Phone Number for Primary Contact:

Email for primary Contact:

State Disability (ie: PTSD, Needs companion dog, Motion help needed etc.)

List Primary Medical care provider, email, address and phone number:

Summarize briefly all NEEDS of Veteran that need to be provided for by DOG. Please make sure this is legible and can be verified with medical provider.

Is the veteran capable of taking care of a dog? Feeding, bathing (Or having it bathed), exercising (or having it walked daily), Getting dog to vet when needed? YES_____ NO_____.

Is the veteran financially able to provide food, shelter and annual veterinary cost once Dog is received? YES _____ NO_____

Do you agree to keep up with dogs training , vet appointments, and care (at your expense after receiving dog)? YES_____ NO_____

Will the dog need to be Travel Trained for Air planes? YES_____ NO_____

Do you prefer a Small, Medium, or Large breed Dog? _____.

Will you be willing to allow a member from MCL 803 to check on said dog via, text, email or in person? YES_____ NO_____ (If no, the 803 will no longer be responsible for any training, from the date of submission to veteran.)

Do you agree to surrender or have said dog surrendered BACK to the 803 training program should you become unable to care for said dog, or have dog cared for if you become incapacitated? YES_____ NO_____

Tell Us anything you feel is important to know about your needs, desires etc.

Signature of Veteran or primary care person.

Date:_____

Please return this application via email to Cherri Sterling (csterling1212@hotmail.com) or mail to:

**MCL Service Dog Application
C/O Cherri Sterling
2512 Palmetto Hall Blvd.
Mount Pleasant, SC 29466**