

CSDP requires a form to be completed by a physician or mental health professional to verify your diagnosis and that you would benefit from having a service dog.

If you are a veteran with PTSD, you are required to have this form completed by a mental health professional who can summarize your mental health and treatment received for PTSD. The mental health professional must also address issues related to suicidal thoughts or actions and anger management coping skills. Your application will not be considered complete until this form is received at CSDP.

There are two options to submit the required reference: an email can be automatically sent to the health professional by entering the information below OR you can download a paper copy of the mental health professional reference here or physician reference here. You will need to provide the form to your health professional who will complete the form and email or mail directly to CSDP.

Service Dog Applicant

First	Middle	Last
_____	Date of Birth _____	
_____	Drivers License Number _____	
_____	Social Security Number _____	
_____	Phone Number _____	
_____	Street Address _____	
_____	City _____	State _____ County _____ Zip Code _____
_____	Email _____	
_____	Repeat Email _____	

Physician or Mental health Professional's Name

First	Middle	Last
_____	Phone Number _____	
_____	Street Address _____	
_____	City _____	State _____ County _____ Zip Code _____
_____	Physician or Mental Health Professional's Email _____	
_____	Repeat Email _____	

My signature authorizes you to release information regarding my medical records and condition to CrittersWork Service Dog Partners, Inc. This information will be used to evaluate and assess my situation and is essential for CSDP to train a service dog to increase my independence. All information is confidential. Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.

Print Name: _____

Signature: _____ Date: _____

I have read and understand all documents I have been given.

Print Name: _____ Signature: _____

Date: _____