



HIKE FOR K9 HEROES FOUNDATION

APPLICATION FOR AID SERVICE DOG



OUR MISSION

Hike for K9 Heroes is dedicated to helping all working dogs and service dogs who are partnered with military members and first responders.

We support our cause through various activities where we help create a community of recreation and support.

APPLICANT INFORMATION

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

E-MAIL ADDRESS

PLEASE SELECT WHICH BEST FITS YOU:

- Department of Defense
- Department of Homeland Security
- First Responder

CAN YOU PROVIDE PROOF OF SERVICE? EX. DD-214

- YES
- NO

K9 INFORMATION

K9 NAME

DATE OF BIRTH

TRAINER'S NAME

TRAINER'S NUMBER

WHAT SERVICE BEST FITS
YOUR DOGS TAKING?

GUIDE/VISUAL IMPAIRMENT

HEARING IMPAIRMENT

PTSD

MEDICAL ASSISTANCE

OTHER _____

PRIMARY VETERINARIAN

VETERINARIAN OFFICE NAME

VETERINARIAN ADDRESS

CITY

STATE

ZIP CODE

VETERINARIAN TELEPHONE NUMBER

DOES YOUR DOG SEE A SPECIALIST?

YES

NO

WHAT TYPE OF CARE IS NEEDED?

MEDICAL

TRAINING COSTS

DENTAL

TRAINING EQUIPMENT

OTHER _____

HOW CAN HIKE FOR K9 HEROES HELP WITH THE
SELECTED ITEM ABOVE? LIMIT 500 CHARACTERS

BY INDICATING YOUR ACCEPTANCE, YOU UNDERSTAND,
AGREE, WARRANT AND COVENANT AS FOLLOWS:

All information in this application is true. Hike for K9 He-roses has the right to verify any and all information provided. Hike for K9 Heroes has the right to hold public event(s) to help raise funds for the purpose listed in this application for aid. The applicant grants permission to allow any photo-graphs, motion pictures, recordings or any other record of this event for any legitimate purposes. Submission of this application does not grantee funding or funding in com-plete cost needed. Hike for K9 Heroes will not share any personal information with any third party without written approval from applicant. The applicant understands the terms presented in this application.

By checking the box you agree
with the statements above.

SIGNATURE OF APPLICANT

DATE
