



Adaptive Reconditioning Service Animal Travel Application



I am a Recovering Service Member (RSM) currently enrolled in Navy Wounded Warrior (NWW) and request my Service Animal accompany me to this event.

Please print all information on this application.

I. RSM Personal Information			
Full Name:	Rank/Rate/Designator:	Active or Reserve:	Retired: (TDRL/PDRL/Other)
Current Address:			
City:	State:	Zip:	

II. Service Animal Information			
Name:			
Certifications (list and attach):			
What work or task has the Service Animal been trained to perform?			
Vaccinations - Check below and include last date. Also include any other vaccinations in the space below. (vaccination record must be attached):			

<input type="checkbox"/> DPP (Distemper)	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Rabies	<input type="checkbox"/> Flea & Tick Medication
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III. Provider Information		
<i>As the provider for this RSM, I certify that this information is accurate and correct.</i>		
Provider Name:	Phone Number:	Email Address:
Installation Name and Address:		
Provider Signature:	Date:	

***** REQUEST IS VALID FOR SIX (6) MONTHS UNLESS SIGNIFICANT CHANGES TO RSM'S HEALTH*****

NWW Headquarters Use ONLY

IV. NWW Senior Medical Advisor (SMA) Review	
TWMS Case Number:	
Application Status	
Date Received at HQ:	HQs Decision and Date:
	Approved Disapproved
Comments/Reason:	
Signature:	Date: