

**MO PATRIOT PAWS
APPLICATION**

APPLICANT'S PERSONAL INFORMATION

NAME: _____

Date: _____

STREET ADDRESS:

CITY: _____ STATE: _____

ZIP (9 DIGITS): _____ - _____

HOME PHONE: _____ - _____ - _____

CELL PHONE: _____ - _____ - _____

EMAIL: _____

MARITAL STATUS: _____ CHILDREN: ____ YES ____

NO AGES: _____

I AM CURRENTLY: RETIRED _____ DISCHARGED (TYPE): _____)

_____ BRANCH OF SERVICE

_____ RANK

_____ POSITION, IF FIRST RESPONDER

_____ UNEMPLOYED/EMPLOYED

_____ ON DISABILITY (Yes/No)

EMERGENCY CONTACT: _____

PHONE: _____

EMERGENCY CONTACT EMAIL:

Primary Care Manager (PCM) Name:

PCM's PHONE: _____ PCM EMAIL:

DIAGNOIS: ____ PTSD ____ TBI ____ PTSD/TBI

FIRST RESPONDERS ONLY:

You will need to provide a letter from your Primary Care Manager (PCM) who diagnosed your disability stating that having a Service Dog will help improve your quality of life.

Can you provide this letter: _____ Yes ___ No

Be sure to attach requested letter to this completed and signed application. It may be necessary for you to sign a release to allow us to receive information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA).

Will you agree to sign such a release: _____ Yes _____ No

HOW DID YOU HEAR ABOUT US?

LIVING SITUATION AND CANINE REQUEST

I RESIDE IN: _____ PRIVATE HOME _____ APARTMENT _____
OTHER: _____

YARD: _____ FENCED _____ NOT FENCED
IF FENCED, TYPE FENCING: _____

MY HOUSEHOLD ACTIVTY LEVEL IS: _____ HIGH _____ MEDIUM _____ LOW

CURRENTLY OWN DOG(S): _____ YES _____ NO

IF YES, PROVIDE FOLLOWING INFORMATION:

BREED _____

AGE _____

SEX _____

SPAYED/NEUTERED _____

IF YOU CURRENTLY HAVE A DOG, DO YOU WISH THE DOG TO BE EVUALTED FOR BEING APPROVED AS AN ASSISTANCE SERVICE DOG? _____ YES _____ NO

IF YOU DO NOT CURRENTLY HAVE A DOG OR YOUR EXISTING RESIDENT PET DOES NOT QUALIFY TO BE A SEVICE DOG, ARE YOU ABLE AND WILLING TO ADOPT A DOG THAT HAS BEEN DEEMED TO QUALIFY AS A SERVICE DOG THROUGH A LOCAL SHELTER OR RESCUE ORGANIZATION? _____ YES _____ NO

IN YOUR OWN WORDS EXPLAIN HOW HAVING A SERVICE DOG WILL IMPROVE YOUR LIFE:

Is your family able and willing to be active participants in caring for the chosen Service Canine, assisting/participating in training when appropriate, and do family members understand that although the canine is part of the family, its primary purpose is to assist you and be there for your needs? _____ Yes _____ No

Personal Caregiver Name:

Contact Phone Number: _____

Contact Email: _____

Relationship: _____

AGREEMENT

If accepted into the MO Patriot Paws (MPP) assistance program, I agree and will adhere to the following:

Please read each item and initial if you agree. Not agreeing to these items will impact your ability to be accepted into the program.

_____ (initial here) If any of the information provided in any part of this Application and Agreement changes after I sign, I agree to notify MO Patriot Paws and provide corrected information.

_____ (initial here) I will treat the Service Dog with appreciation and respect

_____ (initial here) I will maintain proper care of my Service Dog, including but not limited to:

- a.) feeding
- b.) clean water,
- c.) shots up-to-date,
- d.) regular walks,
- e.) baths
- f.) veterinarian visits for illness and annual check-ups
- g.) Prompt cleanup of canine's waste
- h.) Required insurance policy up-to-date

_____ (initial here) I will ensure my Service Dog is altered and micro-chipped, as required

_____ (initial here) I will register the Service Dog with the base animal control and other agencies where required

_____ (initial here) I will maintain proper insurance through my home owners, renters, or a private insurance policy insuring against bodily injury and property damage which might occur during the training of the Service Dog and before the Service Dog is placed permanently with me. I agree that such insurance shall be in effect prior to the start of training. I agree provide MO Patriot Paws (MPP) a copy of any such insurance policy and that MPP has the right to determine the adequacy of such insurance coverage. If deemed inadequate, I agree that no training shall begin until such time that I have adequate insurance.

_____ (initial here) If, at any time, I am unable to meet the needs of my Service Dog, I will notify the MPP Program Coordinator and follow the direction provided as to what to do.

_____ (initial here) I will personally accept all responsibility and liability relating to myself and my Service Dog's actions at any time the Service Dog is under my care during training or following permanent placement with me, and I agree to indemnify and hold harmless MPP, its board of directors, and volunteers from and against any and all claims, suits, proceedings, losses, judgments, damages, encumbrances, liens, defense costs, including attorney fees, that may be incurred by, asserted or awarded against MPP as a result of or arising out of training of the Service Dog while in my care or during any time the Service Dog is in my care, or if I fail to keep any agreement I have made with MPP.

_____ (initial here) I will ensure no one is allowed, including family, to handle my Service Dog outside the home.

_____ (initial here) I will not allow the Service Dog off leash while outside the home.

_____ (initial here) I will promptly notify the MPP if I plead guilty to, plead nolo contendere to, or am convicted of any state or federal felony and I acknowledge and agree that, in such event, training shall be immediately terminated, I will surrender vest/ID card immediately, and I will be removed from the MPP assistance program.

_____ (initial here) If I do not follow all rules and guidelines, I understand that I will surrender the service vest, ID card, and be removed from the MPP assistance program.

_____ (initial here) I understand that I may be required to sign additional documents upon acceptance into the program.

_____ (initial here) I understand that I and the Service Dog candidate will be required to attend and participate in up to 6 months of training covering the ADA tasks mitigating my disability, the AKC "Canine Good Citizenship" (CGC) 10-step program, and the ADI defined "Public Access Test" (PAT). Note: Actual training time is different and determined on a per Team basis.

_____ (initial here) I agree and understand I will be required to practice obedience and trained skills regularly with the selected Service Dog

_____ (initial here) I will maintain the Service Dog's proper behavior in public and at home.

_____ (initial here) I will follow the training program's requirements for progress reports and medical evaluations.

_____ (initial here) I agree and understand that I am responsible to maintain and keep up to date any appropriate and required insurance coverage relating to my Service Dog.

_____ (Initial here) I agree and grant to MPP's representatives and volunteers the right to take photographs of me and the Service Dog in connection with the above-identified subject.

_____ (Initial here) I agree and authorize MPP and its assignees and transferees to copyright, use and publish any photograph of me and the Service Dog in print and/or electronically.

_____ (Initial here) I agree that MPP may use such photographs of me and the Service Dog with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

_____ (Initial here) I understand that the Program Coordinator will perform follow up visits with me and the Service Dog for up to 3 months following graduation, every 6 months for up to 2 years following graduation, and then on an annual basis thereafter.

_____ (Initial here) I understand that any time I may have an issue related to my Service Dog, that I may contact the Program Coordinator for assistance and/or direction.

Checklist

Before emailing your application to the MPP office, check off the items to ensure you have completed all the forms and included all the needed documents.

_____ Application filled out completely, agreed to items shown, and providing your printed name, signature and date signed.

_____ Primary Care Manager's Service Dog verification with PCM's letterhead

_____ Copy of your driver's license and military ID or retired ID card

_____ Copy of most current veterinarian records, proof of spaying/neutering, micro-chip paperwork, and copy of registration paperwork from base and local animal control, if required (if applying to use your current companion animal).

_____ Copy of DD214, (if a veteran)

_____ Copy of home owner's or renter's insurance with liability coverage being shown (must have a minimum of \$100,000 liability coverage).

Signature

By signing below you agree to meet the minimum requirements related to:

- 1.) The chosen tasks that conform with the American with Disabilities Act (ADA)
- 2.) The AKC defined Canine Good Citizenship (CGC) 10-step program
- 3.) The ADI defined Public Access Test

Do you agree to meet the above defined minimum requirements? _____ Yes _____ No

Will you keep and be bound by all of the agreements you have made in this Application and Agreement? _____ Yes _____ No

NOTE: If the above requirements and items agreed to (pages 3-5 of this agreement) are not met and maintained, it will result in my removal from the MPP program and I must surrender my MPP ID card and any other MPP issued items, such as badges/patches.

SIGNATURE: _____

DATE: _____

PRINTED FULL NAME: _____

Please make sure all pages of the application are filled out. Signed and return to:

MO Patriot Paws
(ATTN: Susan Hinkle)
14225 County Road 8120
Rolla, MO 65401

Understand by applying to MPP, you must attend every training session for at least six months. It is unacceptable for you to miss more than three training classes. MPP is happy to help you obtain a service dog but will not allow you to miss training class, it causes you and your dog fall behind in training. Having a service dog is a life time commitment of taking care of your dog

After graduation, you will be expected to represent our program professionally. Your dog must be kept clean and nails clipped. You are never to appear in public under the influence of drugs or alcohol with your service dog. It is always a good idea to current your dog's current shot record and MPP certificate with you.

MPP is a family and we are happy to help Missouri veterans and first responders with the training and your life experiences of having a PTSD service dog.



Missouri Patriot Paws
14225 County Road 8120
Rolla, MO 65401
(573) 578-2141

TIME TABLE FOR COMPLETING SERVICE DOG TRAINING

I, _____ understand that I have one year after signing this agreement to complete training with my service dog candidate.

Levels of training to be completed are:

1. Basic Obedience
2. AKC Canine Good Citizen (CGC)
3. Public Access Training and Testing
4. Three tasks trained under the American with Disabilities Act (ADA) to help mitigate my disability.

If I do not complete all training and testing within the 1-year period, ending on _____, I understand that I will be personally responsible for all training expenses past this date. MPP will not pay for additional training past the agreed to date of completion.

(Applicant's Signature) _____

(Date) _____

(MPP Representative's Signature) _____

(Date) _____

Missouri Patriot Paws
Susan Hinkle, Program Director
14225 County Road 8120
Rolla, MO 65401
573-578-2141
susan@mopatriotpaws.org