

**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: \_\_\_\_ ACTIVE DUTY \_\_\_\_ RETIRED \_\_\_\_

DISCHARGED (TYPE: \_\_\_\_\_)

\_\_\_\_\_ UNEMPLOYED/EMPLOYED ON DISABILITY

UNIT (N/A IF NON ACTIVE DUTY): \_\_\_\_\_

RANK (N/A NON ACTIVTY DUTY): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT EMAIL:

\_\_\_\_\_

VA or Warrior Transition Case Worker Name:

\_\_\_\_\_

Case Worker Contact Phone:

\_\_\_\_\_

Case Worker Email:

\_\_\_\_\_

Primary Care Manager (PCM) Name:

\_\_\_\_\_

PCM's PHONE: \_\_\_\_\_ PCM EMAIL:

\_\_\_\_\_

DIAGNOIS: \_\_\_\_\_ PTSD \_\_\_\_\_ TBI \_\_\_\_\_ PTSD/TBI

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?

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### **LIVING SITUATION AND CANINE REQUEST**

I RESIDE IN: \_\_\_\_\_ PRIVATE HOME \_\_\_\_\_ BASE HOUSING \_\_\_\_\_ APARTMENT \_\_\_\_\_  
OTHER: \_\_\_\_\_

YARD: \_\_\_\_\_ FENCED \_\_\_\_\_ NOT FENCED  
IF FENCED, TYPE FENCING: \_\_\_\_\_

MY HOUSEHOLD ACTIVITY 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 EVALUATED 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 SERVICE 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:

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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 not give the Service Dog away or take him/her to a shelter, if there were to be an incident involving animal control, housing or police such as, but not limited to a dog bite. Also, I will notify the MPP as soon as possible, but not later than within 24 hours.

\_\_\_\_\_ (initial here) I will surrender vest/ID card immediately following incident pending investigation. Upon completion of such investigation, I understand that if I am found in violation, the canine's title and supplies will be revoked.

\_\_\_\_\_ (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 will be required to meet with the MPP Program Coordinator and the appropriate trainer in a "Meet & Great" (home visit) at the time agreed to between those involved.

\_\_\_\_\_ (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).

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)  
1908 North Bishop  
Rolla, MO 65401