

Paws and Warriors Service Dog Application

P.O. Box 14631, Bradenton, FL 34280

Please return this form by emailing to: info@pawsandwarriors.org

Before submitting an application please ensure you meet our Client Eligibility Policy. If you do not meet our policy, then there are other agencies we may be able to refer you to.

In order to expedite the application process, ensure that you also provide

- 1) Prescription filled out by a Doctor or Psychiatrist
- 2) 3 Personal Reference Letters from people not living in the same household stating how they think you will benefit from a Service dog and how they think you will provide for it
- 3) Personal Information Consent Forms (U.S. and Canada)
- 4) For Veterans or Civil Service: Proof of Service with the U.S. or Canadian Armed Forces or Civil Service organization

Within 30 days, Paws and Warriors will contact you in order to set up an in-house interview or video teleconference in order to complete the application process.

After the interview, a letter will be sent notifying you of approval or disapproval for a service dog.

After receiving your service dog, you are responsible for approximately \$1000 – \$2000 per year in order to maintain your service dog, including food, vet care etc.

PLEASE MAKE A COPY OF YOUR APPLICATION FOR YOUR RECORDS:
Paws and Warriors is not responsible for applications that are lost in the mail.

Office Use Only:

Date Received: _____

Items Missing: _____

Approved Denied

Reason of Denial:

Applicant Information

Full Name: _____

Address: _____

Street Address

Apt/Unit No.

City

State/Province

Postal Code

Phone: _____ Email: _____

DOB: _____

	Yes	No
Are you a Military Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Are, or were, you a First Responder?	<input type="checkbox"/>	<input type="checkbox"/>
Are you financially able to care for a dog?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied a service dog?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Explain _____		
Have you ever had to re-home an animal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes: Explain _____		
Have you ever been charged with animal cruelty?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes: Explain _____		

Current Living Situation

<input type="checkbox"/> Owned	<input type="checkbox"/> House	<input type="checkbox"/> Fenced Backyard	If yes, please indicate how many
<input type="checkbox"/> Rented	<input type="checkbox"/> Condo	<input type="checkbox"/> Unfenced Backyard	
	<input type="checkbox"/> Apartment	<input type="checkbox"/> Large Yard	<input type="checkbox"/> Cats _____
		<input type="checkbox"/> Small Yard	If yes indicate Breeds
		<input type="checkbox"/> No Backyard	<input type="checkbox"/> Dogs _____
			Please indicate Type
			<input type="checkbox"/> Other Animals

Method of Transportation Commonly Used

Own Vehicle Public Transportation Other _____

Dog Information

	Yes	No
Do you like dogs?	<input type="checkbox"/>	<input type="checkbox"/>
Anyone in your house that does not like dogs?	<input type="checkbox"/>	<input type="checkbox"/>
Anyone in house allergic to dogs?	<input type="checkbox"/>	<input type="checkbox"/>
Anyone in house afraid of dogs?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Is the entire household committed to the idea of a PTSD Service Dog?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider yourself knowledgeable in the care and behavior of a dog	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to deal with extra time and effort needed in completing tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared for the extra expenses of a Service dog?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared for on-going training, socialization, grooming, and exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to handle any medical issues your dog may face?	<input type="checkbox"/>	<input type="checkbox"/>

Employment

Employment Status _____ Title/Position: _____
 Company Name _____
 Address: _____
Street Address _____ *Appt/Unit No.* _____
City _____ *State/Province* _____ *Postal Code* _____
 Phone: _____ Email: _____

Emergency Contact

Full Name: _____
 Address: _____
Street Address _____ *Appt/Unit No.* _____
City _____ *State/Province* _____ *Postal Code* _____
 Phone: _____ Email: _____

Military/Government Service

Branch _____ From: _____ To: _____
 First Responder _____ From _____ To: _____
 Rank At Discharge _____
 Type of Discharge _____
 If other than honourable explain: _____

Your Needs/History

	Yes	No	Comments
Post-Traumatic Stress (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme anxiety and Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Stability/Balance	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Alert	<input type="checkbox"/>	<input type="checkbox"/>	

Please describe your physical strength

Please describe your reaction speed

Are you on any Medications (Please List):

What is your psychiatric diagnosis?

Describe your Activity Level (Low, Moderate, High)

Describe ways you believe a service dog can assist you?

What are some of your triggers?

What type of equipment do you routinely use, that the dog would have to become accustomed to?

Task List	Yes	No	Comments
Anxiety/Fear Interruption			
Grounding by Touch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guiding out of situation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alert to unknown anxiety	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anger interruption	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Interruptions			
Flashback interruption	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nightmare interruption	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dissociative behavior	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Behavior			
Warn as people approach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Create a barrier around you	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keep forward momentum	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guidance out/specific Location	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Training			
Reminder of routine tasks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication reminder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pick up items	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carry items	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guidance forwards	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetic management	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stop unwanted behavior	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Service Dog Breeds

Understand that although you are being asked about breed, gender and size preferences it does not guarantee those characteristics

List TOP 3 desired Breeds of dogs:

Gender: Male Female

Preferred size or weight range of dog?

Funding

The cost of a PTSD service dog can range between \$10,000 - \$25,000 depending on the needs of the individual. Service Dog availability is dependent upon sponsorships currently available. Individuals unwilling or unable to wait for sponsorship will have to pay for a Service Dog themselves

	Yes	No
Are you seeking Sponsorship?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like more information on purchasing a service dog?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

Please provide any additional information that could help us place a Service Dog in your house

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that any false or misleading information in my application or supporting documentation may result in my release from the Service Dog Program.

Signature:

Date:

Note:

- 1) Paws and Warriors reserves the right to request any additional supporting documentation as needed.
- 2) In regards to any change in family dynamics, including but not limited to, divorce, new baby, move, change in medical status, Paws and Warriors, reserves the right to suspend or decline at any point in the application process.

Thank-you for your interest in procuring a dog from Paws and Warriors, we will let you know the status of your application as soon as possible.

Paws and Warriors

Non-Disclosure Agreement

BETWEEN

Full Name: _____

Address: _____
Street Address *Appt/Unit No.*

City *State/Province* *Postal Code*
Phone: _____ Email: _____

And

Paws and Warriors

This Agreement is entered into this ___ day of _____, 20__ by and between _____ (hereinafter "Recipient") and Paws and Warriors and associated businesses.

WHEREAS Discloser possesses certain ideas and information relating to Paws and Warriors, business, training, practices and endeavors that is confidential and proprietary to Discloser (hereinafter "Confidential Information"); and

WHEREAS the Recipient is willing to receive disclosure of the Confidential Information pursuant to the terms of this Agreement for the purpose of working with or for Paws and Warriors.

NOW THEREFORE, in consideration for the mutual undertakings of the Discloser and the Recipient under this Agreement, the parties agree as follows:

1. Disclosure. Discloser agrees to disclose, and Receiver agrees to receive the Confidential Information.
2. Confidential information: includes but not limited to
 - Any Medical information
 - All training practices utilized
 - Any information relating to clients
 - Any information relating to other trainers
 - Any personnel information regarding to past and future for the puppy

2.1 No Use. Recipient agrees not to use the Confidential Information in any way except for the purpose set forth above.

2.2 No Disclosure. Recipient agrees to use its best efforts to prevent and protect the Confidential

Information, or any part thereof, from disclosure to any person other than having a need for disclosure in connection with Recipient's authorized use of the Confidential Information.

2.3 Protection of Secrecy. Recipient agrees to take all steps reasonably necessary to protect the secrecy of the Confidential Information, and to prevent the Confidential Information from falling into the public domain or into the possession of unauthorized persons.

3. Limits on Confidential Information. Confidential Information shall not be deemed proprietary and the Recipient shall have no obligation with respect to such information where the information:

- was known to Recipient prior to receiving any of the Confidential Information from Discloser;
- has become publicly known through no wrongful act of Recipient;
- was received by Recipient without breach of this Agreement from a third party without restriction as to the use and disclosure of the information;
- was independently developed by Recipient without use of the Confidential Information; or
- was ordered to be publicly released by the requirement of a government agency.

4. Ownership of Confidential Information. Recipient agrees that all Confidential Information shall remain the property of Discloser, and that Discloser may use such Confidential Information for any purpose without obligation to Recipient. Nothing contained herein shall be construed as granting or implying any transfer of rights to Recipient in the Confidential Information, or any patents or other intellectual property protecting or relating to the Confidential Information.

5. Training practices, techniques and scenarios used during the scope of work become and will remain the sole property of Paws and Warriors and will be viewed as intellectual property of the company. Training practices, techniques and scenarios will be treated as classified information and the disclosure of any and all practices of such activities will be at the discretion of Paws and Warriors.

6. Term and Termination. The obligations of this Agreement shall be continuing until the Confidential Information disclosed to Recipient is no longer confidential.

7. Survival of Rights and Obligations. This Agreement shall be binding upon, inure to the benefit of, and be enforceable by (a) Discloser, its successors, and assigns; and (b) Recipient, its successors and assigns.

IN WITNESS WHEREOF, the parties have executed this agreement effective as of the date first written above.

Signature: _____ **Date:** _____

Print: _____

Paws and Warriors

Liability Release

BETWEEN

Full Name: _____

Address: _____

Street Address

Appt/Unit No.

City

Province

Postal Code

Phone: _____ Email: _____

And

Paws and Warriors

P.O. Box 14631

Bradenton, Florida 34280

The undersigned agrees and does hereby release from all liability and hold harmless Paws and Warriors and any of its employees or volunteers representing or related to Paws and Warriors. This liability release is for any and all liability for personal injuries including death and property losses or damage in connection with any activity or accommodation of the above-mentioned Business. The undersigned does hereby further agree to abide by all the instructions, rules and regulations that are presented by Paws and Warriors.

Applicable Law

This contract shall be governed by the laws of the State of Florida and any applicable Federal Law.

Signature: _____ **Date:** _____

Print: _____

Paws and Warriors

Freedom of Information and Protection (FOIP) Consent Form Canada

Dear Client

It may be necessary for us, in order to create a better profile and deeper understanding of your needs, to contact your medical professional team.

Paws and Warriors is requesting permission to contact the prescribing physician/ physiologist/ psychiatrist if needed. Paws and Warriors will only contact our clients doctor in order to determine the training needs of the dog, in order to best help our client. All information shared with Paws and Warriors will not be shared and used only for the benefit of our clients.

I _____ (Name) of _____ (address) give Paws and Warriors Canada Permission to contact my medical team and access the information required which may be found under my health care number _____ as required for information pertaining to the training of my service dog.

This is a binding contract between _____ and Paws and Warriors, that Paws and Warriors will not release any medical information in compliance with the Freedom of Information and Protection Act.

Client, Canine Handler

Date

Paws and Warriors

Date

Paws and Warriors

HIPAA Authorization for Use or Disclosure of Health Information, United States

This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards.

Print Name of Patient: _____

Date of Birth: _____ Last four SSN: _____

I. My Authorization

I authorize Paws and Warriors, P.O. Box 14631, Bradenton, Florida 34280, to use or disclose the following health information:

- All of my health information
- My health information relating to the following treatment of condition:

- My health information covering the period from _____ (date) to _____ (date)
- Other: _____

The above party may disclose this health information to the following recipient:

Name (or title) of organization (SPONSOR): _____

Address _____

City _____ State/Province _____ Zip _____

Phone _____ Fax _____ Email _____

The purpose of this authorization is (check all that apply):

- At my request
- Other: _____
- To authorize the using or disclosing party to communicate with me for marketing purposes when they receive payment from a third party to do so.
- To authorize the using or disclosing party to sell my health information. I understand that the seller will receive compensation for my health information and will stop any future sales if I revoke this authorization.

This authorization ends:

On Date: _____

When the following occurs: _____

II. My Rights

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that information used or disclosed with my permission may be redisclosed by the recipient and is no longer protected by the HIPAA Privacy Standards.

I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create health information for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

Signature of Patient: _____ Date: _____

If the patient is a minor or unable to sign, please complete the following:

Patient is a minor _____ years of age

Patient is unable to sign because: _____

Signature of Authorized Representative: _____

Printed Name: _____ Date: _____

Authority of representative to sign on behalf of the patient:

Parent Legal Guardian Court order Other: _____

III. Additional Consent for Certain Conditions

This medical record may contain information about **physical or sexual abuse, alcoholism, drug abuse, sexually transmitted diseases, abortion, or mental health treatment**. Separate consent must be given before this information can be released.

- I consent to have the above information released.
- I do not consent to have the above information released.

Signature of Patient _____ Date: _____
or Authorized Representative

IV. Additional Consent for HIV/AIDS

This medical record may contain information concerning **HIV testing and/or AIDS diagnosis or treatment**. Separate consent must be given to have this information released.

- I consent to have the above information released.
- I do not consent to have the above information released.

Signature of Patient _____ Date: _____
or Authorized Representative

