

# PAWS AND WARRIORS

## Self-Train Service Dog Application

P.O. Box 14631, Bradenton, FL 34280

Please return this form by emailing to: [info@pawsandwarriors.org](mailto:info@pawsandwarriors.org)

Before submitting an application please ensure you meet our 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 from Doctor or Psychiatrist
- 2) Personal Reference Letter from a person 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 Form
- 4) For Veterans: Proof of Service with U.S. or Canadian Armed Forces, or civil service organization.

Within 30 days, you will be contacted by Paws and Warriors to set up an in-house, or video teleconference interview and to do an assessment on the dog, to complete the application process.

A letter will be sent in order to notify you whether you are accepted into our self-train program.

**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"/>

	<b>Yes</b>	<b>No</b>
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
<b>Anxiety/Fear Interruption</b>			
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"/>	_____
<b>Other Interruptions</b>			
Flashback interruption	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nightmare interruption	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dissociative behavior	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Public Behavior</b>			
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"/>	_____
<b>Other Training</b>			
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"/>	_____

Your Dogs Information:

Name:	Gender	M	F
_____			
Breed:	_____		
_____			
DOB:	Fixed/Spayed	Y	N
_____			
Color:	_____		
_____			

### 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"/>

### 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.* \_\_\_\_\_

Phone: \_\_\_\_\_ *City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code* \_\_\_\_\_  
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 Province of Alberta 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

