



Dear Practitioner,

Maine Paws for Veterans, Inc. relies, in part, on your thoughtful completion of the Mental Health Report. Your input guides us in making an informed decision on the appropriateness of our Psychiatric Service Dog Training Program for your client. Below is pertinent information about our program.

Psychiatric Service Dog Training:

- A service dog is trained to perform tasks that assist a person with the functional limitations of a disability. Service dogs trained for specific tasks are recognized by the ADA (Americans with Disabilities Act) as a reasonable accommodation for individuals with disabilities. They can accompany them in areas where dogs are typically not allowed.
- A Disability Mitigating Task is a visually identifiable behavior that a dog can perform reliably, on cue, in a variety of situations. Providing comfort or companionship does not qualify as a task.
- In addition to task training, service dogs are evaluated for their appropriate temperament and receive training for public access.
- An emotional support animal is recognized by the Fair Housing Act, but does not have public access rights.
- A psychiatric service dog is an integral part of a comprehensive professional medical and therapeutic treatment. They should not be a substitute for ongoing treatment. The handler needs to have coping skills to function without the dog's presence. The handler may require hospitalization or inpatient treatment. They may have to attend events or travel where it is not suitable for even a service dog. Dogs can become ill, have bad days, develop behaviors that make them unsuitable for public access, and their handlers will probably outlive them.

Specific issues relating to psychiatric service dog training through Maine Paws for Veterans:

- The program commitment is initially six months, with two hours of in-person sessions a week at our Brunswick location. The handler is responsible for at least 250 hours of training at home for a minimum of an hour each day in 10-15 minute segments and keep a training log. Service dogs are a lifetime commitment of daily training.
- The program requires training in public places and environments that may be uncomfortable for the handler, such as crowds, elevators, or loud noises.
- Service dogs attract both positive and negative attention from the public. The handler must be able to handle these interactions diplomatically and create a teaching moment, especially if they are challenged.
- Maine Paws for Veterans does not train for guarding, protection, or searching for threats. Service dogs are not allowed to behave in a threatening manner. The training of these behaviors can reinforce a person's negative thought patterns or cognitive distortions, which can impede recovery. They can also create a false belief that the dog will identify the handler's fears.

- Maine Paws for Veterans does not train tasks to mitigate symptoms of depression. A dog can motivate the handler to leave the house and socialize more, which is beneficial, but it does not qualify as a task in itself. Before recommending a person with severe depression to train a service dog, please ensure that the dog will not suffer neglect and that the person can attend to all the dog's daily needs.
- If a handler has their own dog they are interested in training, Maine Paws requires an evaluation. The dog may not be suitable due to temperament or behavior. This can also develop during training, and the team may not reach service dog level or due to safety concerns will be asked to leave.
- Due to the potential for increased anxiety while training with the dog, we recommend weekly therapy sessions during the first 90 days of the program and a minimum of monthly thereafter.

Thank you for completing the Mental Health Report. Maine Paws for Veterans maintains the confidentiality of our applicant's records. What is written on the form will not be shared with your patient unless you give express written permission. If you have any questions, please reach to the Administrator at (207) 449-9149 or by email: administrator@mainepawsforveterans.org



I, _____ give my consent for my mental health provider to release the requested information on this form. I also give my consent for Maine Paws for Veterans, Inc., or its consultant, to communicate directly with my mental health provider or treatment team.

Signature: _____ Date: _____

Client's Name: _____ DOB: _____ Gender: _____

Date of last visit: _____ How long have you been treating the patient? _____

Is your client on time for appointments? Yes No

Is your client able to exercise judgement and make necessary decisions? Yes No

Is your client able to follow and remember the steps in psychiatric service dog training? Yes No

Mental Health History

Does your client have a diagnosed mental illness? Yes No If yes, what are the diagnoses?

- Military Related Post-Traumatic Stress
- Non-Military Post-Traumatic Stress
- Bi-Polar Disorder
- Traumatic Brain Injury
- Mood Disorders _____
- Other: _____

Has the applicant attempted suicide in the past or expressed suicidal ideation? Yes No

Is the applicant actively suicidal? Yes No

Has the applicant been treated in the past or currently treated for substance abuse? Yes No
Maine Paws for Veterans requires an applicant to be in recovery for 6 months.

Is the applicant currently in recovery? Yes No If yes, for how long? _____

Please describe the treatments the applicant has received related to their post-traumatic stress.

Please list any known post-traumatic stress triggers, reaction, and coping strategy:

Sight: _____

Hearing: _____

Touch: _____

Taste: _____

Smell: _____

How does applicant cope with anxiety and anger? _____

Medical Treatment

Applicant's Primary Medical Diagnosis: _____

Other Relevant Conditions or Diagnoses: _____

Medication taken on a regular basis: _____

Is the patient medication compliant? Yes No

Additional comments: _____

*This is to confirm that the applicant is my patient.
I feel that they are capable of training and properly care for a service dog.*

Signature: _____ Printed Name: _____

Address: _____

Phone Number: _____ Email: _____

Date: _____