



General Information			
NAME		GENDER	DATE OF BIRTH
MAILING ADDRESS			
TOWN		STATE	ZIP COUNTY
HOME PHONE	CELL PHONE	EMAIL	
MARITAL STATUS	NAME OF SIGNIFICANT OTHER OR SUPPORT PERSON (Include phone number & email)		
Military Information			
BRANCH OF SERVICE	DATES OF SERVICE	Do you have a diagnosis of PTS? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the diagnosis made by a private therapist or VA?	
Do you have a service-connected diagnosis of PTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your PTS rating from VA?	
Personal Information			
<i>Maine Paws for Veterans requires participants in the Service Dog Training program to be in therapy during the program.</i> Are you currently in Treatment/Therapy/Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Maine Paws for Veterans requires submittal of a Therapist Referral/Authorization to Release Confidentiality forms.</i>			
OTHER THAN PTS ARE THERE ANY PHYSICAL OR MENTAL HEALTH ISSUES AND/OR LIMITATIONS WE SHOULD KNOW ABOUT?			
DO YOU REQUIRE SPECIAL ACCOMMODATIONS FOR ANY PHYSICAL DISABILITES? If yes, explain.			
PTS Service Dog Information			
Do you have a dog you would like evaluated as to its suitability to be trained as a service dog? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes , please provide the age, gender and breed of dog. _____ <i>A Veterinarian Release is required.</i>			
If No , are you interested in MPFV pairing you with a suitable potential service dog? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Upon acceptance into the Service Dog training program, you will be required to attend weekly, 2 hour sessions for a total of 26 weeks in Brunswick. You will be expected to log an additional 240 hours of independent training using the methods and tools learned in class in order to complete the course. Part of the training requires classes to be held at LL Bean, Home Depot, Petco, restaurants, or similar places, in order to train the dog how to behave in public situations. Are you willing to make this commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to financially care for a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to exercise a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Housing Information	
WHAT TYPE OF RESIDENCE IS YOUR HOME? <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobil Home <input type="checkbox"/> Other:	HOW LONG?
<i>If you live in a rental, you will need permission from your landlord to have a service dog in training. Please provide a signed Landlord Release.</i>	
DOES YOUR HOME HAVE A FENCED YARD, ENCLOSED AREA OR OTHER SPACE FOR A DOG TO EXERCISE? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:	
DO YOU OWN ANY ANIMALS/PETS/LIVESTOCK? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:	
PLEASE LIST EVERYONE WHO LIVES WITH YOU OR VISITS REGULARLY, THEIR AGE AND ANY ALLERGIES	
<i>MPfV requires a signed document which indicates a veteran's support person is knowledgeable about the application for service dog training, supports the process and the on-going follow-up. In addition, two individuals have to agree to provide support to the veteran/canine team, have 24/7 access and agree to provide an immediate and temporary home for the dog should an emergency arise.</i>	
Employment Information	
ARE YOU WORKING? If Yes, briefly describe what you do and your hours. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please submit a letter from your employer permitting a service dog in training or service dog at work.</i>	
Additional Comments	
<hr/> <hr/> <hr/>	
Referral Information	
HOW DID YOU FIND OUT ABOUT THIS PROGRAM? <input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> VA/Vet Center <input type="checkbox"/> Veterans Organization <input type="checkbox"/> Other:	

- Maine Paws for Veterans does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations.
- Service Dog Training Program is provided without cost to participants.
- Veterans need to be current Maine, New Hampshire or Vermont residents.
- Maine Paws for Veterans' programs are substance free (other than prescribed medication).
- No weapons are permitted during our programs.
- I am aware Maine Paws for Veterans will conduct a criminal background check.

By signing this application, participants agree to these policies.

Veteran Signature: _____ Date: _____

Your application will not be complete until the following supporting documents are furnished to Maine Paws for Veterans:

- DD214 • Mental Health Report • Medical Report • Authorization to Release Confidentiality • Veteran/Canine Support
- VA #10-5345 (If applicable) • Landlord Release • Employer Release • Veterinarian Report • Canine Information

Return your application to:
Maine Paws for Veterans
PO Box 516, Topsham, ME 04086

For more information:
207-449-9149 / administrator@mainepawsforveterans.org
www.mainepawsforveterans.org