



## Veteran/Canine Support System

An integral component of our Psychiatric Service Dog (PSD) Training Program is identifying a veteran's support system. A veteran/canine team will be more successful if family or close friends are part of the process and willing to assist if needed. This form is intended to be a record of that commitment.

Is your family/support person knowledgeable regarding the application process?  Yes  No

Is your family/support person in favor of you training a future service dog and the continuing follow-up of a veteran/canine team?  Yes  No

If No, why not \_\_\_\_\_

Provide name and contact information for two individuals who have agreed to provide support, respect and care for you and your dog. These individuals must have access to the dog 24/7 and agree to provide an immediate and temporary home for the dog should an emergency arise. One of the contacts should live outside of the home, but be within an hour drive.

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

By signing this form, I acknowledge that the above information is accurate and if any of the contact information changes, I agree to notify Maine Paws for Veterans, Inc.

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veteran Printed Name: \_\_\_\_\_