



Mission Working Dogs

49 Ash Street, #1343, Lewiston, ME 04243

MissionWorkingDogs@gmail.com



Please use this checklist to help you prepare your application. Be sure to complete all questions on the application or it may be declined.

- 1) Completed this application _____
- 2) Official signed letter from your doctor regarding your diagnosis/disability, when you were diagnosed, and that a service dog would be a benefit to you and that you can care for a dog _____
- 3) DD-214 if you are a veteran _____
- 4) Current full-length photo via email _____
- 5) \$50 non-refundable application fee (check or money order) _____

Service Dog Application

Applicant Full Legal Name: _____

Mailing Address: _____

Physical Address (If different): _____

Phone Number: _____ Alt Phone: _____

Email Address: _____

Date of Birth (MM-DD-YYYY): _____ Height: _____ Weight: _____

Social Security Number for background check: _____ Gender: _____

Have you ever been convicted of a felony or misdemeanor: _____

Marital Status: Single Married Separated Divorced Widowed
 Domestic Partnership Other: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Personal Reference #1 Name: _____

Relationship: _____ Phone Number: _____

Email: _____

Personal Reference #2 Name: _____

Initial: _____



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Relationship: _____ Phone Number: _____

Email: _____

Personal Reference #3 Name: _____

Relationship: _____ Phone Number: _____

Email: _____

Is anyone in the household allergic to dogs: Yes No

Who will help with the dog if you become ill and cannot: _____

Helper phone: _____

Are you a veteran: Yes No If yes, type of discharge: _____

Branch: _____ Service-connected disability: Yes No

Rank at discharge: _____ MOS: _____

Any combat deployments: _____

How did you hear about us: _____

Employment status (part, full, retired, unemployed): _____

Occupation: _____ Years experience: _____

If employed, is your employer aware you're applying for a Service Dog: Yes No

Is there a Service Dog policy at your work? Yes No

Do you volunteer: Yes NO If yes, where: _____

Description of volunteer work: _____

Are you a student: Yes No If yes, where: _____

Highest level of education achieved: _____

Initial: _____



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Physician Name: _____

Physician Practice: _____

Address: _____

Phone: _____

What is your medical diagnosis/disability: _____

Please describe your disability and relevant history: _____

Do you use any assistive devices such as a cane, walker, wheelchair, etc (please list): _____

Do you use any adaptive tools for your hands/grip: _____

Do you require assistance with ADL's or are you independent? Please list any tasks you need help with: _____

How's your upper body and core strength: _____

Is one hand/arm stronger than the other: _____

Please list some tasks you would like the dog to help with: _____

What made you decide to apply to Mission Working Dogs now: _____

Other health concerns we should be aware of: _____

Initial: _____



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Do you live in the city, a suburb, or rural area: _____

House or Apartment: _____ Own or Rent: _____

One level living or multiple floors: _____

Do you have a yard: _____ Fenced: _____

Please describe your neighborhood: _____

How many people in the household: _____ Please list name, age, relationships:

1) _____

2) _____

3) _____

4) _____

What time do you generally get up: _____ What time do you go to bed: _____

Do you nap/rest during the day: Yes No Do you smoke: Yes No

What are your hobbies/interests: _____

What's a typical day like for you: _____

Do you drive: Yes No How often do you travel: _____

Please list any other pets in the household: _____

If you have other pets, please provide your veterinarian's contact information: _____

Direct neighbors pets: _____

Initial: _____



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Have you had a Service Dog before: Yes No Pet dog before: Yes No

Have you ever given away, surrendered, or sold a pet: Yes No

Have you ever attended dog training classes: Yes No

Where will your Service Dog be during the day: _____

Where will your Service Dog be at night: _____

Where will your dog be expected to relieve itself: _____

Where will your dog be exercised: _____

Where will your dog have play/free time: _____

How many hours a day will your Service Dog be alone: _____

If accepted, will you be able to come to the training center for weekly classes to work with your dog until you are ready to be certified as a team: _____

If you had help filling out this application, please list the person who helped:

Name: _____ Relationship: _____

Contact information: _____

Consent to Contact

I, _____, give consent for staff from Mission Working Dogs to contact my doctor, veterinarian, references and helpers with regard to my medical condition, need for a service dog, ability to care for the dog, and any other necessary questions for the purpose of assessing my qualifications to have a service dog and ability to provide a suitable life for the service dog. Mission Working Dogs may also conduct a criminal background check at any time before or during placement of a Service Dog with me.

I certify that, to the best of my knowledge, the information provided in this application represents my needs and present situation. I understand that failure to provide complete, accurate, and honest information will permanently disqualify me from being eligible to receive a Service Dog from Mission Working Dogs. This would also result in immediate removal from either the program or waiting list if I have already been accepted under false pretenses.

I further understand that Mission Working Dogs reserves the right to remove any accepted, or scheduled, applicant/candidate from the waiting list, at any time, for any reason. I understand that any person Mission Working Dogs does not feel would be a good fit for our program can also be denied a Service Dog from our agency.

Signed: _____ Date: _____

Initial: _____