



## Mission Working Dogs

49 Ash Street #1343, Lewiston, ME 04243

info@missionworkingdogs.org



### Mission Working Dogs Service Dog Application

Please use this checklist to help you prepare your application:

1. Application Complete:
2. Current full-length photo via email or printed on 8.5x11” of the handler candidate and candidate dog:
3. \$50 non-refundable application fee (check or money order):
4. Official Signed letter from your doctor regarding your diagnosis/disability, when you were diagnosed, and that a service dog would benefit you. This letter must also state that you are able to care for a dog:
5. Copy of your DD214, if you are a veteran:
6. Veterinary Form (if owner-trained):
7. Veterinary Records (if owner-trained):

#### **Applicant Information**

Applicant Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_

If yes, Please explain (may provide further explanation on another page if needed):

\_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

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Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference #1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Reference #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Reference #3 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Who will help with the dog if you become ill and cannot? \_\_\_\_\_

Helper's phone number: \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_

## Employment Information

Employment status: \_\_\_\_\_

If employed, answer the following questions:

Occupation: \_\_\_\_\_ Years experience: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Is your employer aware you're applying for a Service Dog? \_\_\_\_\_

Is there a Service Dog policy at your work? \_\_\_\_\_

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### Background Information

Do you volunteer? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Description of volunteer work and frequency:

\_\_\_\_\_

Are you a student? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Highest level of education achieved? \_\_\_\_\_

Is anyone in your household allergic to dogs? \_\_\_\_\_

Do you live in a House, Condo or Apartment? \_\_\_\_\_ Own or Rent? \_\_\_\_\_

One level living or multiple floors? \_\_\_\_\_

Do you have a yard? \_\_\_\_\_ Is the yard fenced? \_\_\_\_\_

Please describe your neighborhood:

\_\_\_\_\_

How many people are in your household? \_\_\_\_\_ Please list name, age, relationships:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

What time do you generally get up in the morning? \_\_\_\_\_

Do you nap/rest during the day? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

What are your hobbies/interests?

\_\_\_\_\_

\_\_\_\_\_

What's a typical day like for you?

\_\_\_\_\_

\_\_\_\_\_

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Do you drive? \_\_\_\_\_ How often do you travel? \_\_\_\_\_

Please list any other pets in the household:

\_\_\_\_\_

Direct neighbors pets: \_\_\_\_\_

### Veteran Information(if applicable)

Are you a veteran? \_\_\_\_\_ If yes, type of discharge: \_\_\_\_\_

Branch: \_\_\_\_\_ Service Connected Disability? \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ MOS: \_\_\_\_\_

List any combat deployments:

\_\_\_\_\_

### Disability Information

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)?

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Do you use any adaptive tools for your hands/grip?

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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 a Service Dog to help with:

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Are there other health concerns we should be aware of?

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### Service Dog Information

What program are you applying for (Owner-Trained Service Dog or MWD Provided Service Dog)? \_\_\_\_\_

Have you had a Service Dog before? \_\_\_\_\_ Pet dog before? \_\_\_\_\_

Have you ever given away, surrendered, or sold a pet? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever attended dog training classes? \_\_\_\_\_

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? \_\_\_\_\_

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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 no, please explain: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information: \_\_\_\_\_

Please tell us a little more about yourself and why you want to be a part of our program:

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#### Dog Information(if Owner-trained)

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog's DOB/Age: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

Veterinarian Practice: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinary Address: \_\_\_\_\_

***\*\*Please make sure you attach the Veterinary Form to this Application\*\****

Tell us about your dog and why you think he/she would make a good Service Dog:

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### Consent to Contact

I, \_\_\_\_\_, give consent for staff from Mission Working Dogs to contact my veterinarian, references and helpers with regard to my possession of a fully trained 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 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 any dog from the agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_





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## Service Dog Veterinary Form

Owner's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Exam (must be within 3 months): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Microchip #: \_\_\_\_\_

**Physical Examination Findings: N= Normal A=Abnormal NE=No Exam**

|                        |                      |                     |                     |
|------------------------|----------------------|---------------------|---------------------|
| 1. Attitude/Appearance | 2. Oral Cavity/Teeth | 3. Mucous Membranes | 4. Eyes             |
| 5. Ears                | 6. Cardiovascular    | 7. Respiratory      | 8. Gastrointestinal |
| 9. Musculoskeletal     | 10. Lymph Nodes      | 11. Urogenital      | 12. Integumentary   |
| 13. Nervous System     | 14. Pain             | T _____<br>R _____  | P _____<br>WT _____ |

Please explain any abnormal findings:



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### Vaccination History:

If vaccination wasn't administered, please provide vaccination titer results.

|               | <u>Date Given</u> | <u>Date Due</u> |
|---------------|-------------------|-----------------|
| Bordetella    | _____             | _____           |
| Distemper     | _____             | _____           |
| Parvovirus    | _____             | _____           |
| Adenovirus    | _____             | _____           |
| Parainfluenza | _____             | _____           |
| Leptospirosis | _____             | _____           |
| Rabies        | _____             | _____           |

### Laboratory Findings:

Must be performed annually

Fecal Examination: \_\_\_\_\_  
Date                      Results

Heartworm Testing: \_\_\_\_\_  
Date                      Results

**External and Internal Parasite Control(s) used and frequency (year round/seasonal):**



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### Medications currently used:

This canine will be utilized as a Mission Working Dogs Service Dog and will be visiting many public buildings and possibly providing physical stability for a disabled person. I certify that I have performed a physical examination of the canine described on this certificate and found him/her to be free of disease, in good health, fully vaccinated for zoonotic diseases, and negative for parasites. Further, this canine is physically able to perform the tasks needed to be a service dog in a public setting. This Certificate of Health will be relied upon by medical facilities for one year from the date below.

\_\_\_\_\_  
Veterinarian's Name

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Clinic Phone Number

\_\_\_\_\_  
Clinic Name/Address

\_\_\_\_\_  
Clinic Email