



Mission Working Dogs

152 Moxie's Pl. Oxford, ME 04270

P: 207-713-0259 F: 207-531-3307

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. Signed authorization to release and obtain information form:
*For PTSD Service Dog applicants: 9 months of active mental health treatment is required to be considered.
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?

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:

Are there other health concerns we should be aware of?

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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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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Authorization to Release and Obtain Information

To: Doctor / Hospital / Other _____

Address: _____

Provider Phone Number: _____

Provider Fax Number: _____

Regarding Patient: _____ **D.O.B.** _____

You are hereby authorized to discuss and release to:

**Mission Working Dogs
 152 Moxie's Place
 Oxford, ME 04270
 P (207) 713-0259 F (207) 531-3307**

The Following:

_____ Diagnosis	Date from _____ to _____
_____ Assessment	Date from _____ to _____
_____ Other _____	Date from _____ to _____

*** PTSD Service Dog applicants: 9 months of active mental health treatment is required to be considered.**

For the purpose of:

_____ **Coordinate care re: Service dog**

The foregoing authority shall continue in fore until revoked by me (or as provided in 22M.R.S.A § 1711-C (5)) or for 30 months or whichever comes first.

I understand that I may revoke this authorization at any time by executing a written revocation, subject to the rights of any person who rolled on the authorization before he/she received the notice thereof. I can effect a revocation of this authorization by signing and dating a written statement declaring this authorization is revoked. I understand that I am entitled to have a copy of this authorization form, I understand that I may refuse authorization disclosure of healthcare information and that such refusal may result in my denial of applying and or receiving a service dog from Mission Working Dogs.



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Please Circle All That Apply:

1. I **DO / DO NOT (N/A)** authorize the release of information which refers to treatment or diagnosis of mental health disorders.
2. I **DO / DO NOT (N/A)** authorize the release of information which refers to the treatment or diagnosis of alcohol/drug abuse. Such information may not be re-disclosed by the recipient without my specific consent.

A photocopy of this authorization may be used in lieu of the original. Subsequent disclosures by you and other health care providers may be made under this authorization.

Patient or Guardian Signature

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 _____ R _____	P _____ 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