BROTHERS & SISTERS IN ARMS DOG TRAINING, INC. A 501(c)(3) Nonprofit Organization

**MILITARY OR FIRST RESPONDER DEPENDENT APPLICATION PACKAGE**

P.O. Box 622, Leesville, La. 71446 (337)-353-6782

To be accepted into the program Dependent must:

 Be working with a therapist or have completed a program with a therapist.

 Be willing to have a background check done.

 Be in a family that is financially able to afford the feeding and care of a service dog.

 Be physically able to work with and exercise a dog or have someone who can help them.

 Be totally committed to coming to weekly classes and doing the ‘homework’ with their dog. Be totally committed to the work and time needed to train a service dog.

Family pets may be used if they meet age, size and temperament requirements. Please do not purchase or adopt/rescue your potential service dog without the help of the trainers at BASDT. Not every dog can be a service dog.

Required documents:

 \* Provide proof parent/legal guardian is military or a first responder

For Military: Military ID card for military dependent if old enough for one or copy of birth certificate showing parents name that is in the military along with their military ID.

For First Responder: Proof parent is first responder, ie – letter from supervisor and copy of birth certificate showing first responder’s name on it.

\* A completed Health Provider Form that is included in this application or a letter from your doctor or therapist documenting their disability, listing their symptoms. Any letter from their doctor or therapist must include the necessary information as is required by the state of Louisiana.

\*A copy of their family’s last paycheck or disability check to verify they are able to afford a service dog’s food and care.

Please call us once you have completed the application and we will set up a day and time for an interview. If you have a puppy or dog you would like to use as your service dog and it meets the requirements of age and size, we will do a temperament test at the same time. If we are procuring a puppy or dog for you, we cannot specify a timeframe in which you will receive the puppy or dog who will be able to meet the needs you have. We cannot guarantee a specific breed. Our dogs come from rescues, shelters or are donated by breeders. This is an application only. We have the right to decline applicants. If you are declined, we will guide you toward other organizations that may be able to meet your needs.

Our program is a 12 to 18 month program. If at the end of the 18 month timeframe the dependent and dog have not met the requirements for graduation, the Board will re-evaluate their continuation in the Program. Requirements for graduation are passing AKC S.T.A.R. Puppy class (if beginning under age one), CGC, Intermediate, heeling, CGCU, CGCA, Advanced Obedience, task training for a minimum of three tasks and the Public Access Test with a total of 240 or more verified training hours. Failure to meet the requirements with dogs provided by us means we have the right to take the dog back and drop the dependent from the program. If the dog was yours, it can mean being dropped from the program.

All handlers are required to re-test their dog every year for 5 years and then every five years after that. Documentation of yearly veterinary care is required to be provided at this time.

Please answer the questions honestly. Only by understanding the dependents needs fully can we best help them. The Health Provider form must be brought to their doctor, therapist or medical professional unless they have a letter from their health professional. Their health professional will be required to give us the needed state information if it’s not in the letter that is required by Louisiana state law. Please call when you have completed your application so we can set a time and date for your interview.

**CIVILIAN DEPENDENT SERVICE DOG APPLICATION**

 ***PLEASE PRINT LEGIBLY OR USE CAPITAL LETTERS.***

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

Legal Parent/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent’s nickname or name they prefer if not their first name listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_ Male \_\_\_\_\_ Female

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_

Can they walk half a mile without resting? \_\_\_\_\_Yes \_\_\_\_\_ No

Do they use a \_\_\_\_\_ cane, \_\_\_\_\_ walker or \_\_\_\_\_ wheelchair? Please check each that apply. \_\_\_\_ None

Have they had an injury that required hospitalization? \_\_\_\_\_ Yes \_\_\_\_\_No

Have they had a health issue that required hospitalization? \_\_\_\_\_ Yes \_\_\_\_\_\_ No

If they did and it is a factor in their disability, please identify the injury or health issue.

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

Please fill in boxes for those who live with you if you do not live alone.

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Age  | Relationship to you  | Do they support your having a service dog? If not please write the reason they don’t support it.  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

FOR ALL QUESTIONS, PLEASE HAVE THE DEPENDENT ANSWER IF THEY ARE ABLE. PLEASE NOTATE WHEN THEY ARE UNABLE AND YOU ARE ANSWERING FOR THEM BY INITIALLING THAT IT IS YOUR ANSWER.

Are there other animals in their house? If so, Please fill in the information on them.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species (Cat, dog,etc)  | Breed  | Gender  | Age  | Spayed/ Neutered  | How do they get along with other animals? Other animals of the same sex? Others near their food, etc.  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

Do younger or children regularly visit their house? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are they physically able to stand for one hour during a training class without needing to sit down? \_\_\_\_\_ Yes \_\_\_\_\_ No

(An inability to be able to stand for the full class does not preclude you from our program.)

***Please answer the questions honestly. Only by understanding your needs fully can we best help them.***

**Please circle all that apply:**

 Agitation Irritability Hostility Hypervigilance Social Isolation Flashbacks

 Severe Anxiety Mistrust Guilt Loneliness Insomnia Nightmares Self Destructive Behavior

 Lost of interest in favorite things Emotional Detachment Not leaving the house unless you have to

 Depression Vision Loss Hearing Loss Deaf Balance Issues Muscular Weakness Bad Knee(s)

 Shoulder Problems Back Problems Weak wrists or hands Diabetes Epilepsy Memory Problems

 Speech Impairment Difficulty understanding directions Asthma Chronic Pain Heart Problems

 Lung Problems Crutch Cane Wheelchair Walker Hearing Aid Wrist brace Ankle brace

 Leg brace Back brace Prosthesis Anger – verbal lashing out Anger – Physical lashing out

 Panic attacks Exaggerated startle response Suicide attempts Difficulty staying focused

 Inability to stand (with or without pain) for more than: fifteen minutes thirty minutes an hour

 Learn best by: hearing seeing doing

**How many times a week do they experience the following. Please circle their answer**

|  |
| --- |
| 1. Agitation Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
2. Irritability Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
3. Hostility Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
4. Hypervigilance Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
5. Social Isolation Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
6. Flashbacks Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
7. Severe Anxiety Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times

 8. Mistrust Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times 9. Guilt Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times 10. Loneliness Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times 1. Insomnia Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
2. Nightmares Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
3. Self-destructive Behavior Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
4. Loss of interest in favorite things Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
5. Emotional Detachment Never 1 – 4 times 5 – 10 times 11 – 20 times More than 20 times
 |

**How often do they Please circle your answer**.

|  |
| --- |
| Go to a store: Never Only if I have to Once a week 2 – 5 times a week Whenever I need something Go out with friends Never Only if I have to Once a week 2 – 5 times a week Whenever I want to Go do something I enjoy Never Only if I have to Once a week 2 – 5 times a week Whenever I want to Participate in Family activity Never Only if I have to Once a week 2 – 5 times a week Whenever I want to  |

Are there any other diagnoses not listed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are there any other undiagnosed difficulties they are experiencing?

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

Do they work? \_\_\_\_ Yes \_\_\_\_ No

If yes, where do they work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What days and hours do they work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have a fenced yard? \_\_\_\_\_ Yes \_\_\_\_\_ No

How do you plan to exercise your dog?

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Do they go to school? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_\_ Homeschooled

If they are unable to properly exercise your dog, do they have someone who can help them? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to have a home check done? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where will the dog be when they are not at home and the dog cannot be with them?

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

Do you understand they will need to crate train their dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have they or you had dogs previously? \_\_\_\_\_ Yes \_\_\_No

If you have or had a dog, did they do any of the care of it? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what did they do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you, their parent, ever taken a dog to obedience classes? \_\_\_\_ Yes \_\_\_\_ No

What past experiences have you, the parent, had in training dogs?

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Do you feel they are capable of responding calmly to the challenges of having a Service Dog in public places where there might be questions as to its certification and ability to be allowed? \_\_\_\_\_ Yes \_\_\_\_\_ No

What do they like to do in their spare time? Do they do it often? Will a service dog help them to do it more often?

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

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How do they/you feel a service dog will help them? What would they/you like your service dog to be able to do for them?

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

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Can they commit to a minimum of a half an hour a day, broken up, to practicing/training their service dog? \_\_\_Yes \_\_\_No

Can you/they commit to attending an hour-long training class once a week until your dog graduates? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you/they willing to follow the rules given to you by BASDT? \_\_\_\_\_Yes \_\_\_No

Have you or them ever had, or do you/they have, pending criminal charges against you/them? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have youthey ever been, or are you/them now on probation or parole? \_\_\_\_\_ Yes \_\_\_\_ No

Have you ever been charged with animal cruelty? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been charged with domestic violence? \_\_\_\_ Yes \_\_\_\_ No

How do you/they feel about the fact that a service dog will identify them as a person with a disability?

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

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I, the parent or guardian, understand that if the dependent does not attend training classes, (unless excused) they can be removed from the program. \_\_\_ Yes \_\_\_ No

I, the parent or guardian, understand the program is a 12 to 18 month program, that if at the end of that period the dependent has not met the requirements for graduation, the Board will re-evaluate their continuation in the Program. \_\_\_\_\_ Yes \_\_\_\_ No

I, parent/guardian, understand Brothers & Sisters in Arms reserve ALL rights and can remove any dog that we have placed in the home as an ESA, a service dog training or as a service dog if the dependent is put out of the program for any reason or we at any point feel the dog is NOT being taken care of, is abused, neglected, or Veterinary Care is not kept up to date and neither the dependent nor the parent/guardian have not requested help from us.

 \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**CONFIDENTIALITY AGREEMENT, RELEASE OF INFORMATION**

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC follows all HIPPA regulations as required by the State of Louisiana and the Federal Government. All information received from the applicant and/or health care providers will remain strictly confidential.

By signing this form, I, the parent/guardian, authorize any person, health care provider, physician, or organization I see or have seen to release any necessary information to Brothers & Sisters in Arms Dog Training, INC concerning the dependent.

This information will be used to evaluate the dependent’s application for a Service Dog and its specific training

Name: (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness:

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Photography and Video Authorization**

Please initial you understand each item listed.

\_\_\_\_\_ I, parent/guardian give my permission for the dependent to be photographed and/or videoed by Brothers and Sisters In Arms Dog Training, Inc., a designee of theirs, while in a training class, at a fundraiser or at any event at which they are present.

\_\_\_\_\_ I, parent/guardian give my permission for dependent to be photographed and/or videoed by any form of media while participating with any event connected to Brothers and Sisters In Arms Dog Training, Inc.

\_\_\_\_\_ I, parent/guardian understand that any photographs and/or videos may be used by any format, in pictures, on public broadcasting, in brochures, flyers, posters, pamphlets, online, social media, websites, marketing materials, or in any manner connected to Brothers and Sisters In Arms Dog Training, Inc.

\_\_\_\_\_ I, parent/guardian understand the dependent may be recognized by people when seeing photos and/or videos they are in.

\_\_\_\_\_ I, parent/guardian understand I may revoke this authorization at any time with a written letter stating I am revoking my permission.

\_\_\_\_\_ I understand that if I revoke my authorization it only affects photographs and/or videos from that date forward.

\_\_\_\_\_ I understand not giving authorization for photographs and/or videos will not effect my application or being accepted into Brothers And Sisters In Arms Dog Training, Inc.

\_\_\_\_\_ I, the parent/guardian agree to all the above terms and conditions to being photographed and/or videoed when attending classes, fundraisers or events with my dependent.

My signature designates my understanding and agreement to the statements above that I have initialed. My signature below designates my permission for myself and my dependent to be photographed and/or videoed.

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**HEALTH CARE PROVIDER FORM**

APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF HEALTH CARE PROVIDER: (PRINTED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH CARE PROVIDER ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH CARE PROVIDER PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOUISIANA LICENSE NUMER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF PROFESSIONAL LICENSE HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM QUALIFIED AND LICENSED TO EVALULATE AND DIAGNOSE DISABILITIES AND HAVE PERFORMED A DISABILITY ASSESSMENT OF THIS INDIVIDUAL: \_\_\_\_\_ YES \_\_\_\_\_ NO

I HAVE ESTABLISHED A THERAPUTIC RELATIONSHIP WITH THIS INDIVIDUAL FOR NO LESS THAN 30 DAYS PRIOR TO SIGNING THIS FORM: \_\_\_\_\_ YES \_\_\_\_\_ NO

I HAVE ENGAGED WITH THIS INDIVIDUAL IN PERSON OR REMOTELY IN AT LEAST TWO SESSIONS PRIOR TO SIGNING THIS DOCUMENT. \_\_\_\_\_ YES \_\_\_\_\_ NO

I HAVE PERFORMED A CLINICAL EVALUATION NO LESS THAN 30 DAYS PRIOR TO SIGNING THIS DOCUMENT REGARDING THE NEED FOR AN EMOTIONAL SUPPORT ANIMAL (DOG) OR A SERVICE DOG. \_\_\_\_\_\_ YES \_\_\_\_\_ NO

Please address the following questions:

Could an emotional support dog benefit this applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Could a Service Dog benefit this applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there anything you would like to add concerning this applicant acquiring a service dog? Any specific tasks you would like to see the dog trained for.

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

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Your help in this process is greatly appreciated.

Health Care Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PERSONAL REFERENCE LETTER**

This form must be completed by TWO people from any of the following categories: Physical Therapist, Case Manager, Counselor, Clergy, Co-worker, Social Workers, Psychologists, family member, or adult friend.

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_

1. What is your relationship to the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What support systems does the applicant have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. To the best of your knowledge how would the applicant benefit from a Service Dog?

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

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

1. To the best of your knowledge is the applicant able to care and provide for a Service Dog? \_\_\_\_ Yes \_\_\_\_ No
2. Do you feel the applicant will be committed to do the work and put in the time to train a service dog? \_\_\_Yes \_\_\_No
3. How would you think the applicant would handle the increased attention brought to him/her by the presence of a Service Dog in public places?

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

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

1. How would you think the applicant would handle his/her right to be accompanied by a Service Dog being challenged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. So you believe a service dog would benefit the applicant? \_\_\_\_ Yes \_\_\_\_ No

The information contained herein is true and correct to the best of my knowledge.

Name: (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PERSONAL REFERENCE LETTER**

This form must be completed by TWO people from any of the following categories: Physical Therapist, Case Manager, Counselor, Clergy, Co-worker, Social Workers, Psychologists, family member, or adult friend.

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_

1. What is your relationship to the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What support systems does the applicant have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. To the best of your knowledge how would the applicant benefit from a Service Dog?

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

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

1. To the best of your knowledge is the applicant able to care and provide for a Service Dog? \_\_\_\_ Yes \_\_\_\_ No
2. Do you feel the applicant will be committed to do the work and put in the time to train a service dog? \_\_\_ Yes \_\_\_ No
3. How would you think the applicant would handle the increased attention brought to him/her by the presence of a Service Dog in public places?

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

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

1. How would you think the applicant would handle his/her right to be accompanied by a Service Dog being challenged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Do you believe a service dog would benefit the applicant? \_\_\_\_ Yes \_\_\_\_ No

The information contained herein is true and correct to the best of my knowledge.

Name: (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC. A 501(c)(3) Nonprofit Organization

HIPAA LAW Contract

As a Service Dog Handler in Training for Brothers and Sisters In Arms Dog Training (BASDT), I understand that I may have access to certain confidential, health, financial, proprietary, research or operational information of BASDT, its employees and the handlers and their families (collectively known as "Confidential Information"). I further acknowledge that BASDT has a legal and ethical obligation to protect this Confidential Information. This same obligation applies to me while as a volunteer of Brothers and Sisters In Arms Dog Training.

In recognition of this responsibility, which constitutes an essential function as a Service Dog Handler in Training of Brothers and Sisters In Arms Dog Training, I agree as follows:

1. All Confidential Information at BASDT shall be treated as confidential. I will not access or seek to gain access to Confidential Information of any nature whatsoever except in the course of fulfilling my responsibilities.

1. I agree not to discuss handlers, their families, research or business information or other Confidential

Information with anyone who is not staff at BASDT and where others can overhear the conversation. It is not acceptable to discuss handler information in public areas (On the field, on a training exercise, at a fundraiser, etc.) even if a Handler's name is not used.

1. If, in the course of performing my responsibilities, I accidentally access information or Confidential

Information that might be considered inappropriate for me to access, I will notify my supervisor immediately of the date and time of the access so that if a question arises at a later time, it will be understood that the access was accidental. I will not disseminate any such information without proper authorization.

1. I will not disclose Confidential Information to those who are not authorized to receive it. In addition, I will not, without proper authorization, copy or preserve in written, electronic, or any other form Confidential Information, nor will I disseminate any such information without proper authorization. If I am in doubt about whether the authorization provided is "proper", I will ask my supervisor. These obligations shall continue both during and after termination of membership in volunteering with BASDT.

1. Violation of this Agreement may subject me to corrective action, up to and including termination, as well as penalties and legal action by state and/or federal agencies.
2. I, the parent/guardian, agree I will monitor my dependent to follow the above rules and laws and to help them to understand how to follow them.

My signature below acknowledges that I understand the obligations imposed upon me by this Agreement, and I agree to comply with all the terms of this Agreement.

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

Signature Date

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

Witness Date

**Emergency Care of Dog**

**Part 1**

I understand that in the event of an emergency I will need someone who can come pick up my dog and care for them until such time as I am able to again.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has agreed to be responsible for my dog in any

 *Caregiver’s Printed Name*

emergency where I will not be able to.

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

 Handler’s signature Date

**Part 2**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to be responsible for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Caregiver’s printed name Handler’s name*

ESA, service dog in training or service dog in the event of an emergency until he or she can once again be fully responsible for their dog.

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

Address

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

Phone number

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

Caregiver’s signature Date