



2700 Shirley Landing Drive Virginia Beach, VA 23457
(757) 465-1033 Fax: (757) 465-1088
info@muttswithamission.org
www.muttswithamission.org

Applicant,

Thank you for your interest in Mutts with a Mission. Mutts with a Mission provides Service Dogs for Veterans, Wounded Warriors, Law Enforcement Officers, First Responders, and Federal Agents. We provide Service Dogs for documented service-connected and/or line-of-duty disabilities from all periods of service. We also provided trained Facility and Courthouse Dogs. Mutts with a Mission does not train Guide Dogs or Hearing Dogs.

We ask that you not let the length of our application discourage you from applying and receiving the assistance you can get from a Facility or Courthouse Dog. We want to make sure that you receive the best experience through our program. All that we ask is that you fill out the application honestly and accurately.

There are several basic criteria that must be met in order to qualify for our program (other criteria may be required on a case by case basis):

- (i) you must work for a facility that provides services in which a Facility Dog or Courthouse Dog would be appropriate,
- (ii) facilitator must have a stable living environment,
- (iii) free of substance abuse, and
- (iv) not have a conviction of a crime against animals or any type of abuse (human or animal).

Please understand that the program runs from 1-2 years depending on the training of the dog and facility/courthouse need. We are not a residential treatment program, so it is up to you to provide housing and transportation to and from training and/or transition camp.

Once our Selection Committee receives your completed application it may take 4-6 weeks to review after which you will be notified of the next step in our application process.

It is ideal to submit a completed packet rather than in pieces. If Mutts with a Mission receives an incomplete application, we allow 30 days to submit the remainder of the application packet. After the 30 days, a new complete packet will need to be submitted.

Thank you,

Brooke A. Corson

Executive Director

Mutts with a Mission



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MUTTS WITH A MISSION APPLICATION FOR A FACILITY/COURTHOUSE DOG

The following are required for the application to be reviewed.

- 1. COMPLETED APPLICATION** Forms dated more than 30 days prior to the date on the application will not be accepted.
- 2. CURRENT PHOTO**
- 3. LETTER OF APPROVAL** signed by the Police Chief or appropriate Court Authority.
- 4. Copies of your PROFESSIONAL CERTIFICATIONS.**
- 5. 3 PROFESSIONAL REFERENCES** for who the dog will be living with.
- 6. \$50.00 APPLICATION FEE**

Application Packets can be sent via mail, email or fax.

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Once we have received a completed application, we will contact you for the next steps in the application process.

Mutts with a Mission will consider all applicants regardless of race, color, creed, religion, gender, and age.



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SECTION 1: GENERAL INFORMATION

*** Please note incomplete or illegible applications will not be accepted. Please fill out completely and legibly. ***

Name of Facility: _____

Facility Address: _____

Name of Facilitator (Handler): _____

Address: _____

Email Address: _____

Personal Number: _____

Facility Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

What is your position at the facility/department? _____

What are the ways that you are involved directly with the clients?

How long have you been employed at this facility/department? _____

Please describe your facility/department and the client population served:



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SECTION 2: FACILITY INFORMATION

Type of facility: _____

Who will be responsible for exercising the dog twice a day for at least 30 minutes?

Where will the dog be taken outside to eliminate and who will be responsible for this?

Who will be responsible for grooming the dog? _____

Who will be responsible for feeding the dog? _____

Who will be responsible for taking the dog to the veterinarian? _____

Name of Veterinarian Clinic: _____

Address: _____

Phone Number: _____

May we contact? YES NO

Has the facility/department administration approved having the dog? YES NO

How did you hear about Mutts with a Mission?



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SECTION 3: STAFF INFORMATION

This section is referring to who the dog will be living with.

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

How many people live in your household? _____

Please provide name/age/relationship to you:

NAME	AGE	RELATIONSHIP
------	-----	--------------

NAME	AGE	RELATIONSHIP
------	-----	--------------

NAME	AGE	RELATIONSHIP
------	-----	--------------

NAME	AGE	RELATIONSHIP
------	-----	--------------

NAME	AGE	RELATIONSHIP
------	-----	--------------

Does anyone in your household smoke? YES NO

Is anyone in your household allergic to dogs? YES NO

Do you have any pets? YES NO

How many? _____



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Please provide the name, breed, sex, age, and spay/neuter status:

NAME	BREED	SEX	AGE	SPAY/NEUTER STATUS
------	-------	-----	-----	--------------------

NAME	BREED	SEX	AGE	SPAY/NEUTER STATUS
------	-------	-----	-----	--------------------

NAME	BREED	SEX	AGE	SPAY/NEUTER STATUS
------	-------	-----	-----	--------------------

Are all animals in your home up-to-date on vaccinations? YES NO

Do you currently have a veterinarian that you use? YES NO

Veterinarian Clinic: _____

Name of Veterinarian: _____

Address: _____

Phone Number: _____

May we contact? YES NO

Do you have a fenced in area for a dog? YES NO

If NO, where will you exercise a dog?

Where do you plan to house a dog? (home, outside, garage, etc.)?

A Facility Dog or Courthouse Dog may entail a financial responsibility on the part of the Facilitator. It is estimated that it can cost approximately \$2,000.00 per year. This accounts for veterinary expenses, food, and preventatives. This does not include emergencies. Are you able now and will you continue to be financially able to support a Facility Dog or Courthouse Dog? YES NO



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On separate paper please explain why you want a Facility Dog or Courthouse Dog.

Please describe your typical day at work:

What tasks would you like the dog to perform?

Is there anything else that you would like to add?



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APPLICANT'S RIGHTS

It is the policy of Mutts with a Mission that all applicants have the right to:

- Be treated with respect and dignity.
- Receive complete information regarding the application, rights, rules, and responsibilities.
- Receive complete information and training on all aspects of an Assistance Dog partnership, training, medical care, and maintenance.
- Be able to call for assistance whenever needed.
- Receive updates on Mutts with a Mission Teams policies and procedures related to applicants and graduates.
- Expect their files and personal information to be kept confidential and private, unless written permission is given and kept on file.
- Expect to receive a realistic evaluation of their dog and their chances of graduating from Mutts with a Mission.

SIGNATURE

DATE



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SIGNATURE AND CERTIFICATION

I certify, to the best of my belief and knowledge, the information provided in this document truly represents my needs and present situation. I understand my failure to provide complete, accurate, and honest information herein will permanently disqualify me from the MUTTS WITH A MISSION (MWAM) program and will result in my immediate and permanent removal from either the program or its waiting list.

Initials: _____

I understand MWAM must make some investigation into my background, and I hereby authorize MWAM to research and/or confirm any statements made in this document and further authorize educational institutions, employers, criminal justice agencies, medical professionals, and others to furnish whatever detail or documentation is available concerning this application and the statements I made herein. I understand MWAM will make reasonable efforts to keep the contents of this application, supporting documentation, and/or any information discovered during MWAM's verification process confidential and will not share such information outside MWAM without my written consent.

Initials: _____

I understand MWAM reserves the right to remove and accepted, or scheduled, applicant/candidate from the training program, at any time, for any reason.

Initials: _____

I understand MWAM is NOT a medical treatment facility, hospital, mental health facility, or any other variant of the previously listed.

Initials: _____

MWAM does not staff medical professionals. In the event of an emergency, while on premise or off-site conducting training, emergency medical services (911) will be called, and you are responsible for any financial costs related to that.

Initials: _____

I further acknowledge MWAM is not a healthcare provider and is not subject to the privacy rules contained in the Health Insurance Portability and Accountability Act ("HIPAA") and/or other state or federal privacy laws. Though these laws do not apply to MWAM, I understand MWAM will make reasonable efforts to keep the contents of this application, supporting documentation, and/or any information discovered during MWAM's verification process confidential and will not share such information outside MWAM without my written consent.

Initials _____



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I acknowledge MWAM will not tolerate behavior that is construed as aggressive. Aggressive behavior, behavior that intimidates others whether verbally or physically, will be grounds for immediate dismissal from MWAM. This policy applies to applicants, staff, volunteers, both on premises and off-site during training.

Initials _____

A Facility Dog or Courthouse Dog is a great commitment. A Facility Dog or Courthouse Dog is not a pet and as such requires a great deal of additional time, effort and energy. I am willing, able, and prepared to take on this added responsibility.

Initials _____

My signature below further authorizes MWAM to obtain criminal background information for the purpose of determining my ability to care for and protect a Facility Dog or Courthouse Dog trained by MWAM. A photographic or facsimile copy of this authorization bearing a photographic or facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original and may be used as a duplicate original.

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FACILITY DOG AND COURTHOUSE DOG WAIVER

By signing below, I hereby acknowledge that I have read the terms and I understand that Mutts with a Mission reserves the right to deny service to an applicant for any reason including, but not limited to, failure to meet the established criteria for receiving a Facility Dog or Courthouse Dog or that require services that we are not able to train. Mutts with a Mission also reserves the right to remove a Facility Dog or Courthouse Dog from a home at any time for mistreatment, neglect, or an inappropriate match.

I do hereby agree to hold from any and all liability Mutts with a Mission and its members and officers. I declare myself to be physically sound to participate with the Mutts with a Mission organization. My family, members of my household, and myself waive the rights and claims for damages and injuries that result from my connection and participation with Mutts with a Mission.

SIGNATURE

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