



2700 Shirley Landing Drive Virginia Beach, VA 23457

(757) 465-1033 Fax: 757-465-1088

info@muttswithamission.org

www.muttswithamission.org

Heroes,

Thank you for your interest in Mutts With A Mission. We provide Service Dogs for line-of-duty related PTSD, traumatic brain injury (TBI), and mobility impairments for Law Enforcement, First Responders (EMS, Fire), and qualified Federal Employees.

If applying for a Service Dog for PTSD, applicants MUST have a verified clinical diagnosis for PTSD. 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 help you get with a Service 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. This application is the first step in regaining the independence you sacrificed for our country. Please note that a Service Dog is not intended to replace treatment but to be an additional form of treatment.

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) disability MUST be line-of-duty related,
- (ii) separated from service in good standing from a public agency or current good standing,
- (iii) verifiable PTSD, TBI, or a mobility disability,
- (iv) have a stable living environment,
- (v) free of substance abuse,
- (vi) not have a conviction of a crime against animals or any type of abuse (human or animal), and
- (vii) actively participating in a treatment program or under the treatment of a mental health professional for a minimum of 6 months.

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 for your service and sacrifice,

Brooke A. Corson

Executive Director

Mutts With A Mission



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MUTTS WITH A MISSION LINE OF DUTY APPLICATION FOR A SERVICE DOG

The following are required for the application to be reviewed.

1. **COMPLETED APPLICATION** All medical forms need to be current. Medical forms dated more than 30 days prior to the date on the application will not be accepted.
2. **TWO REFERENCE LETTERS** These are character references and should not be completed by an immediate family member.
3. **TWO SERVICE DOG CONTINGENCY AGREEMENTS** This form can be found on our website on the same page as the application.
4. **CURRENT PHOTO**
5. **LINE OF DUTY DETERMINATION LETTER** A letter from your administrative department stating employment status at the time an injury, illness, and/or disability.
6. If applying for a Service Dog for psychiatric disabilities, **PRIMARY BEHAVIORAL HEALTH QUESTIONNAIRE**. This form can be found on our website on the same page as the application.
7. **HEALTH RECORDS** Physician notes on appointments and treatment for 2 years prior to applying. This can generally be obtained by a Release of Information provided by your Physician's clinic.
8. **VIDEO** of the applicant's home. Please include your home and introduce us to any family members and pets, your workplace, school and/or any other places where you spend a lot of time. Please note that photos are not acceptable as a replacement for a video.
9. **\$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: APPLICANT INFORMATION

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

Name: _____
LAST FIRST MIDDLE MAIDEN

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____
(SSN IS REQUIRED FOR BACKGROUND CHECK PURPOSES, APPLICATIONS MISSING SSN WILL BE REJECTED)

Age: _____ Height: _____ Weight: _____

Current Address:

Dates: _____ to present

Previous Address:

Dates: _____ to _____

Previous Address:

Dates: _____ to _____

Cell Phone Number: _____

Home Phone Number: _____

Work Phone Number: _____

Email: _____

Occupation: _____

OR Occupation before becoming disabled: _____



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Have you ever applied to another Service Dog organization?

YES

NO

If YES, please provide the name of the other organization and date of application.

Have you ever been accepted by another Service Dog organization?

YES

NO

If YES, please provide the name of the other organization and the status of acceptance.

Have you ever been denied by another Service Dog organization?

YES

NO

If YES, please provide the name of the other organization, date and reason for denial.

Do you currently have or ever had a Service Dog?

YES

NO

If YES, please provide details about your Service Dog to include but not limited to name, breed, age, training.

_ How did you learn about Mutts With A Mission? Who referred you to Mutts With A Mission?

Owning a Service Dog entails a financial responsibility on the part of the handler. 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 Service Dog?

YES

NO



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SECTION 2. HOUSEHOLD INFORMATION

Marital Status: SINGLE MARRIED SEPARATED DIVORCED
 WIDOWED DOMESTIC PARTNERSHIP

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? _____

Please provide 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



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Veterinarian name/clinic: _____

Phone Number: _____

If we were to place a Service Dog with you and a current pet was not able to get along with the Service Dog would you be willing to place/rehome the current pet?

YES NO

Do you own or rent your home?

OWN RENT

Describe your house and neighborhood (examples type, size, area):

How far from the Hampton Roads Virginia area do you live? _____

If you live within 1 hour, do you plan to remain in the area for the next 12-24 months? YES NO

Do you have a fenced in yard? YES NO

Is your home fully acceptable to you? YES NO

Describe how a Service Dog will help you be more independent and productive at home and in your community. Please be as specific as possible and attach additional sheets as necessary.

On separate paper please provide a short bio (about one page) about yourself and a typical day in your life.



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SECTION 3. MEDICAL INFORMATION

Primary diagnosis: _____

Date of diagnosis or onset (MM/DD/YYYY): _____

Is this disability line-of-duty related? YES NO

If YES, how is this disability a direct result of your employment?

Secondary diagnosis: _____

Date of diagnosis or onset (MM/DD/YYYY): _____

Is this disability line-of-duty related? YES NO

If YES, how is this disability a direct result of your employment?

Please list any other medical conditions.

What type of medical treatment, including any medications, are you receiving?

Physician's Name and Phone Number: _____

Therapist's Name and Phone Number: _____



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Do you have any restrictions/precautions? YES NO

If YES, please explain

What type of adaptive equipment/aids (walker, wheelchair, splints etc.) do you use?

Do you drive? YES NO

If NO, how do you plan to attend classes or transition camp?

Do you have any allergies to medications? YES NO

If YES, please list name and reaction

What is your dominant hand? RIGHT LEFT

Are you currently in or previously participated in a treatment plan/program for a substance/alcohol abuse problem?

YES NO

If YES, please explain



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How does your disability affect your daily life? What are your physical/psychological limitations? Describe problems leaving home on your own, being in crowds, ability to be in large groups, driving a car, entering your home, etc.

In your own words, how would a Service Dog help with your physical, psychological, or mental health needs? If necessary, attach additional sheets.

Have you experienced a mental health crisis requiring treatment and/or hospitalization? YES NO

If YES, please explain?



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For page 10-11: **OO-45 INSTRUCTIONS:** Looking back over the last week, including today, help us understand how you have been feeling.

Read each item carefully and circle the number which best describes your current situation. Circle only one number for each question and do not skip any. If you want to change an answer, please “X” it out and circle the correct one.

NAME: _____ DATE: _____

NEVER	RARELY	SOMETIMES	FREQUENTLY	ALMOST ALWAYS	
0	1	2	3	4	1. I get along well with others.
0	1	2	3	4	2. I tire quickly.
0	1	2	3	4	3. I feel no interest in things.
0	1	2	3	4	4. I feel stressed at work/school.
0	1	2	3	4	5. I blame myself for things.
0	1	2	3	4	6. I feel irritated.
0	1	2	3	4	7. I feel unhappy in my marriage/significant relationship.
0	1	2	3	4	8. I have thoughts of ending my life.
0	1	2	3	4	9. I feel weak.
0	1	2	3	4	10. I feel fearful.
0	1	2	3	4	11. After heavy drinking, I need a drink the next morning to get going. *If you do not drink, mark “0”.
0	1	2	3	4	12. I find my work/school satisfying.
0	1	2	3	4	13. I am a happy person.
0	1	2	3	4	14. I work/study too much.
0	1	2	3	4	15. I feel worthless.
0	1	2	3	4	16. I am concerned about family troubles.
0	1	2	3	4	17. I have an unfulfilling sexlife.
0	1	2	3	4	18. I feel lonely.
0	1	2	3	4	19. I have frequent arguments.
0	1	2	3	4	20. I feel loved and wanted.
0	1	2	3	4	21. I enjoy my spare time.
0	1	2	3	4	22. I have difficulty concentrating.



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NEVER	RARELY	SOMETIMES	FREQUENTLY	ALMOST ALWAYS	
0	1	2	3	4	23. I feel hopeless about the future.
0	1	2	3	4	24. I like myself.
0	1	2	3	4	25. Disturbing thoughts come into my mind that I cannot get rid of.
0	1	2	3	4	26. I feel annoyed by people who criticize my drinking (or drug use). * If not applicable, mark "0".
0	1	2	3	4	27. I have an upset stomach.
0	1	2	3	4	28. I am not working/studying as well as I used to.
0	1	2	3	4	29. My heart pounds too much.
0	1	2	3	4	30. I have trouble getting along with friends and close acquaintances.
0	1	2	3	4	31. I am satisfied with my life.
0	1	2	3	4	32. I have trouble at work/school because of my drinking. *If not applicable, mark "0".
0	1	2	3	4	33. I feel that something bad is going to happen.
0	1	2	3	4	34. I have sore muscles.
0	1	2	3	4	35. I feel afraid of open spaces, of driving, or of being on buses, subways, and so forth.
0	1	2	3	4	36. I feel nervous.
0	1	2	3	4	37. I feel my love relationships are full and complete.
0	1	2	3	4	38. I feel that I am not doing well at work/school.
0	1	2	3	4	39. I have too many disagreements at work/school.
0	1	2	3	4	40. I feel something is wrong in my mind.
0	1	2	3	4	41. I have trouble falling asleep or staying asleep.
0	1	2	3	4	42. I feel blue.
0	1	2	3	4	43. I am satisfied with my relationships with others.
0	1	2	3	4	44. I feel angry enough at work/school I might so something I regret.
0	1	2	3	4	45. I have headaches.



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NAME: _____ DATE: _____

ACE QUESTIONNAIRE

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often...swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?
NO YES
2. Did a parent or other adult in the household often or very often...push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?
NO YES
3. Did an adult or person at least 5 years older than you ever...touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?
NO YES
4. Did you often or very often feel that...no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?
NO YES
5. Did you often or very often feel that...you didn't get enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor when you needed it?
NO YES
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason?
NO YES
7. Was your mother or stepmother often or very often...pushed, grabbed, slapped, or had something thrown at her? Or kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
NO YES
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
NO YES
9. Was a household member depressed or mentally ill, or attempt suicide?
NO YES
10. Did a household member go to prison?
NO YES



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SECTION 4. SERVICE HISTORY

What department or Law Enforcement Agency are/were you a member of?

Date started: _____ Date retired: _____

Type of discharge: _____

Service History: Please list your last 4 duty positions and specialties.

LOCATION _____ DATES _____ to _____

TITLE/SPECIALTY

LOCATION _____ DATES _____ to _____

TITLE/SPECIALTY

LOCATION _____ DATES _____ to _____

TITLE/SPECIALTY

LOCATION _____ DATES _____ to _____

TITLE/SPECIALTY



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SECTION 5. MEDICAL HISTORY

To be completed by Primary Care Physician or Specialist and returned directly to Mutts With A Mission. If you are applying for a Service Dog for PTSD or psychiatric disabilities, you will also need to have the Primary Behavioral Health Questionnaire filled out in addition to Section 5. This form can be found on our website.

Physician's Release:

Name of Physician: _____

Please release the requested medical information regarding my condition and/or disability to Mutts with a Mission. The information will be used by the organization to determine my abilities to obtain a Service Dog through their program. Thank you.

Applicant Name: _____

APPLICANT SIGNATURE

DATE

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

Physician Contact Information

Physician Name: _____

Clinic Name: _____

Specialty: _____

Address: _____

Phone: _____ Fax: _____

Email: _____



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Patient Status:

What is this patient's primary disability:

Are there significant secondary disabilities?

YES

NO

If YES, please describe:

Cause of disability:

At what age was this patient disabled? _____

Is this disability line-of-duty related?

YES

NO

If YES, how is this disability a direct result of this patient's employment?

Is this disability progressive?

YES

NO

UNKNOWN



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Effects of Disability (Please mark all that apply)

- MUSCULAR WEAKNESS VISION IMPAIRMENT MEMORY LOSS HEARING
 COORDINATION PROBLEMS SPEECH IMPAIRMENT LIMITED MOBILITY
 DEAFNESS DELAYED DEVELOPMENT REDUCED STAMINA SPASTICITY NONE
 OTHER: _____

Patient side effects (Please mark all that apply):

- DEPRESSION ANGER HEIGHTENED EMOTIONS
 OTHER: _____

Equipment Required (Please mark all that apply):

- MANUAL WHEELCHAIR POWER WHEELCHAIR CRUTCHES HEARING AIDS
 CANE WALKER PROSTHESIS WRIST BRACES 3 WHEEL ELECTRIC SCOOTER
 LEG BRACE OTHER: _____

Activity of Daily Living (ADL):

1. Able to sustain an attention span	YES	SLIGHT	NO
2. Manifesting inappropriate behavior beyond his/her control	YES	SLIGHT	NO
3. Able to control physical and motor movement sufficient to sustain ADL	YES	SLIGHT	NO
4. Able to exercise judgement to make decisions necessary for ADL	YES	SLIGHT	NO
5. Capable of perception and memory to sustain ADL	YES	SLIGHT	NO
6. Able to follow directions and learn to a degree necessary for ADL	YES	SLIGHT	NO
7. Under medication which impairs physical or mental functioning	YES	SLIGHT	NO
8. Able to communicate clearly and honestly	YES	SLIGHT	NO
9. Capable of decisions concerning self and others' needs and safety	YES	SLIGHT	NO



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Overall Patient Assessment:

- | | | |
|---|-----|----|
| 1. Would you recommend a Service Dog for this patient? | YES | NO |
| 2. Do you think Mutts With A Mission would benefit from a consultation with you to help facilitate placement of a Service Dog for this patient? | YES | NO |
| 3. Do you think this patient has the ability to care for a dog or implement help necessary to care for a Service Dog? | YES | NO |
| 4. Do you think that this patient would present a danger to a Service Dog? | YES | NO |
| 5. Is there incapacity due to alcohol or drug abuse? | YES | NO |

How long have you been treating this patient? _____

When was the last date you saw this patient? _____

Additional comments/observations:

PHYSICIAN'S SIGNATURE

DATE

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SECTION 6. HIPAA PRIVACY AUTHORIZATION FORM

Authorization for Use of Disclosure of Protected Health Information
(Required by the Health Insurance Portability and Accounting Act, 45 C.F.R. Parts 160 and 164)

Full Name _____ D.O.B. _____

I hereby authorize _____ (healthcare provider) to use and disclose the protected health information related to my complete health records; including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse; to Mutts With A Mission for the purpose of applying, placement and/or recertification of a Service Dog.

I understand that I may inspect or copy the protected health information described by this authorization.

I understand that, at any time, this authorization may be revoked, when the office that receives this authorization receives a written revocation, although that revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed. I understand that my health care and the payment for my health care will not be affected if I refuse to sign this form.

I understand that information used or disclosed, pursuant to this authorization, could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

SIGNATURE DATE

EXPIRATION DATE: This authorization will expire on _____
DATE/EVENT

If no date or event is stated, the expiration date will be six years from the date of this authorization.

COPY PROVIDED: A copy of this authorization can be requested for your records, when signed.



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SECTION 7. EMERGENCY INFORMATION

PERSONAL INFORMATION

Name: _____ Date: _____

Primary Disability: _____

Who should Mutts With A Mission notify in case of an emergency?

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Physician's Name: _____ Phone: _____

Hospital Preference: _____

List of regular medications:

Allergies to medications and reactions:

Are there any acute symptoms (seizures, diabetic shock, fainting etc.) that may occur that we should be aware of? If so, please list them and how we can best assist you should this occur.



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SECTION 8. LEGAL HISTORY

It is the policy of Mutts With A Mission to conduct a background check on all applicants. Being charged with or convicted of a crime is not always a disqualifier.

Have you ever been charged with any criminal offenses, including traffic violations? YES NO

If YES, please explain:

Have you ever been arrested at any time, for anything, in the last 36 months, including all arrests even if they did not result in a conviction? YES NO

If YES, please list all arrests:

Have you ever been convicted of any crimes, including traffic violations? YES NO

If yes, please explain:

Have you ever been so angry/frustrated that you have stuck someone? YES NO

Have you ever been so angry/frustrated that you have struck an animal? YES NO

Do you have a history of fighting? YES NO



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NEW STUDENT LETTER OF AGREEMENT

Mutts With A Mission (MWAM) provides specialized training for Law Enforcement Officers, First Responders and Federal Employees with disabilities, preparing them and their dogs for certification as MWAM Service Dog teams.

Upon acceptance as a student of MWAM, certain obligations must be met.

This letter of agreement is intended to define those obligations in order to maintain the high standards required by MWAM.

1. My goal in applying to become a MWAM student is to become a certified team.
2. I agree to attend all classes unless I notify MWAM staff and my trainer prior to class and have been excused. Three unexcused absences may result in dismissal.
3. I agree to practice the exercises learned in class at home each day.
4. I agree to come to class prepared.
5. I agree to use humane training methods and training tools.
6. If I do not understand a particular idea being presented in class, I agree to discuss my concerns with my trainer.
7. I agree to keep my dog in good health and to groom him/her regularly.
8. I agree to be the primary caretaker of my dog.
9. I agree to keep my dog on a leash at all times when in class or out in public unless instructed otherwise.
10. I agree to clean up after my dog when out in public.
11. I agree NOT to take my dog into public places until I am given permission to do so by MWAM.
12. I understand that the community has a right to expect my dog be under control at all times and not to display any intrusive behavior at any time.
13. I understand that in order for my dog to wear a MWAM identification vest, he/she must earn that privilege.
14. I understand that whenever I am out in public with my dog, I am representing MWAM. I will not intentionally create a negative reflection on the program.
15. When the opportunity presents itself, I agree to assist in educating the community, in a non-confrontational manner, on the benefits a person with a disability receives through the use of a Service Dog.
16. I agree to assume the liability for any damage my dog might cause to people or places.
17. I understand that my dog will not graduate from Mutts with a Mission until he/she is neutered/spayed.
18. I understand that at any time my dog may be disqualified due to health or temperament and removed from training. I also acknowledge that both my dog and I must meet the standards of training in order to become a Service Dog Team through Mutts With A Mission.

Name: _____

SIGNATURE

DATE



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APPLICANT'S RIGHT

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, training feed, rules and responsibilities.
- Receive complete information and training on all aspects of assistance dog partnership, training, medical care, and maintenance.
- Be able to call for assistance whenever needed.
- Receive updates on Mutts With A Mission Team 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.



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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 any 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. While the use of a Service Dog may mitigate symptoms related to PTSD, TBI, and/or MST (and we encourage you to do your research), MWAM is ONLY a Service dog organization providing training for a team, a trained, certified Service Dog and training related to how to use a Service Dog, we do not provide any healthcare whatsoever.

Initials: _____

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

Initials: _____



2700 Shirley Landing Drive Virginia Beach, VA 23457

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www.muttswithamission.org

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, any 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 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: _____

I understand illegal drugs, prescription drugs not prescribed to me, or other innocuous substances masked to be intoxicants are a violation of policy and will result in immediate dismissal from the program and potential prosecution by local authorities.

Initials: _____

I understand if I am accepted to the program, scheduled, and do not show up for training without prior notification, or miss more than three classes in a row, I may be dropped from the rolls and I may be ineligible to reapply. Considerations for rescheduling will be taken on a case-by-case basis.

Initials: _____

A Service Dog is a great commitment. A Service 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 purposes of determining my ability to care for and protect a Service Dog trained by MWAM. A photographic or facsimile copy of this authorization bearing a photographic/facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

SIGNATURE

DATE