



PAWS FOR LIFE

PTSD Service Dog Application

Please Note: Application must be completed by the applicant. Medical Prescription for a Service Dog, & Copy of Military ID Card or DD Form MUST accompany application.

Personal Information:

Client's Name _____ Today's Date _____

Gender: _____ Age _____ Client's Date of Birth _____

Diagnosis _____ Age at Diagnosis _____

Home Phone _____ Cell Phone _____

Email Address _____ Fax _____

Client's Street Address _____ Apt # _____

City _____ State _____ Zip _____

DoD Identification Number: _____ Branch: _____

Military ID Card Type (Please Circle) DD Form: 2 (Reserve/Retired) 1173 1173-1 2765

Household & Family Information

(Please list the names, ages, and relations to the client for all members currently living in the home.)

<u>Name</u>	<u>Age</u>	<u>Relation</u>

How did you find out about Paws For Life PTSD Program?

In order to help lower costs and assist more people with disabilities, can you tell us how you found out about our programs?

- Google Search Bing Search Yahoo Search Other Search _____
- Online Referral (Which site?) _____ Doctor Referral: _____
- Given a Brochure Given a Business Card Given a Service Dog Toolkit
- Other: _____

Emergency Contact Sheet

Client's Name _____ Age _____

Cell Phone _____ Email Address _____

Client's Street Address _____ Apt # _____

City _____ State _____ Zip _____

Primary Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Able to Authorize Medical Care: Yes No

Secondary Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Able to Authorize Medical Care: Yes No

Medical Information

Client Name: _____ Birth Date: _____

Primary Doctor's Name: _____

Practice Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Fax Number: (____) _____

Other Doctor's Names, Specialties, & Phone Numbers:

Insurance Name: _____ Policy ID or Plan #: _____

Insurance Phone Number: _____ Policy End Date: _____

Insurance Primary Holder's Name (if other than client): _____

Describe your disability(s), limitations, and prognosis: _____

List any allergies (nuts, latex, etc.): _____

List any medications or treatments currently taken: _____

Service Dog Information

What type of assistance dog are you looking for?

- Post-Traumatic Stress Disorder (PTSD) Hearing Mobility/Wheelchair
 Other _____

Please note that Paws For Life Service Dog Program is specifically for PTSD Service Dogs only at this time, but can be primed to assist with other disabilities.

Please list a minimum of 1-3 tasks that you need the service dog to do for you. The lists below are some of the most commonly requested tasks for PTSD:

1. _____.

2. _____.

3. _____.

Other: _____.

PTSD Related Tasks	
<ul style="list-style-type: none">• Interrupt zone-out or non-responsive behavior• Locating and alerting the nearest person that you are having an episode and bringing them back to your location• Retrieving medication pouch• Retrieving a bottle of water to take meds• Reminder to take medicine at a prescribed time.	<ul style="list-style-type: none">• Block other people from getting too close• Licking or nuzzling your face or arms to help bring you out of an episode• Alert to someone walking up behind you• Face towards your rear to act as a deterrent for people approaching from behind and to alert you if they do.• Assist with transitioning environments and situations.

Please note that these are typical and some of the most requested tasks that a service dog can be trained to help you with. This is not an all-encompassing list, if there is a task that you specifically need that is not on the list, please contact Paws For Life K9 Rescue to see if a dog can be trained to accomplish the task you may need.

Information Release

During the service dog application & placement process, there may be instances we must contact certain private, medical, state agency, or other individuals/companies to verify and ascertain additional information concerning your application.

By signing “Yes” below you give the right to any 3rd parties such as, but not limited to doctors, hospitals, to release all pertinent information to Paws For Life K9 Rescue’s staff or contracted affiliates (herein referred to as “**P4L**”), including but not limited to any sensitive medical information as deemed necessary by P4L staff.

This information will be used to assist with verifying your application and any other activities necessary in the process of getting a service dog from P4L.

These activities may include, but not limited to fundraising efforts, demonstrations, marketing efforts, talking to print/video/online news reporters or agencies, etc. Most commonly the information released to public consumption includes, but not limited to your medical condition, challenges relating to your medical condition that the service dog may assist with, current fundraising status and level, and the remaining contracted amount for your service dog.

P4L understand that Identity Theft is a serious problem. P4L staff will protect all sensitive personal and medical information not deemed necessary or safe for public release and any other information the client wishes to keep private (As deemed in writing in addendum to this application).

This information release will remain in effect in perpetuity until the client expresses to P4L in writing that they are revoking this permission.

Signatures Required	
Client’s Printed Name:	_____
Client’s Signature:	_____ Date _____

If the client wishes to revoke this right to information release they must do so in writing. Postmarked and sent to:

Paws For Life K9 Rescue
1158 26th Street
PMB 187
Santa Monica, CA 90403

Other Information

Annual Household income (Circle One) if client is a minor then parent's income:

\$0-\$25,000 \$25,000-\$50,000 \$51,000-\$75,000 \$76,000-\$100,000 \$100,000 +

Average Monthly Net Income (income minus expenses): _____

(Note to Client: If this figure is negative or between \$0 & \$250, Paws For Life K9 Rescue cannot place a Service Dog with you since you cannot financially support the estimated average costs of feeding, maintaining training, and average annual veterinary expenses to keep the dog healthy and current with their training)

Do you live in: House Apartment Other: _____ Do You: Own or Rent

If you rent, have you notified the owner or property manager that you are getting a service dog? Yes No

Do you have a fenced yard? Yes No

Do you have a pool? Yes No

Have you owned a dog before? Yes No If yes, when, how long and what breed?

Do you have a fear of dogs? Yes No If so please describe: _____

Do you currently have any pets? Yes No If so please list and describe:

Species (dog/cat...) **Breed** **Age** **Spayed/Neutered** **Live inside/outside** **Exposed to dogs and reaction**

Where would the service dog be while you are away or receiving medical care?

How many hours a day will the dog be alone per day (Typical)? _____

How Would Others Describe Your Lifestyle & Personality (Check One):

Active/Energetic/Go-Getter Quiet/Reserved Social Independent/Strong Fearful

Other: _____

Service Dog Preferences (Check One):

What gender of dog do you prefer? Male Female Doesn't Matter

Do you prefer: Labs Goldens Shepherds Goldendoodle/Poodle Does Not Matter

Please note that Paws For Life K9 Rescue ("P4L") tries to accommodate canine gender preferences for our clients. All service dogs placed by P4L are dogs that have been rescued, rehab, & trained from shelters, donations, Owner Surrenders, or abandonments. P4L cannot guarantee the dog's exact age or breed in most cases. P4L reserves the final right to choose the best service dog that meets your individual lifestyle, personality, and needs (task orientation).

Since Paws For Life K9 Rescue PTSD Service Dog Program only places a limited number of service dogs every year, explain why you want a service dog and why we should work for you. What do you hope that service dog can do for you? What needs or services could a service dog provide for you?

Are you able to relieve and have a plan to clean up the waste from the dog? Yes No

Are you willing & able to participate every day to train in Boot Camp? Yes No

Are you willing & able to travel to the Boot Camp training site that you are assigned for the 10-day Boot Camp process? Yes No

Do you understand that as a part of this program that part of your training will be done by the inmates that have personally trained your service dog? Yes No

Do you understand that as a part of this program that you will be required to travel to and attend classes in a prison environment and must all State of California requirements to be able to go into the prison? Yes No

Do you understand and agree that you must pass all bootcamp requirements, milestones, & tests with a score of 90% or better to graduate from the Service Dog Training Program and receive a Service Dog from Karma Rescue? Yes No

Do you use specialty equipment? (Wheelchair, canes, braces, feeding tubes, Communication devices, prosthetics, etc?) Yes No

List: _____

Personal References

Please list three references (non-family related) and their phone numbers & email. Please try to include at least one professional reference.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

May we contact these references? Yes No

Initial: _____

Liability Waiver & Medical Authorization To Treat

I _____ hereby waive and forever discharge claims for property or physical damages or injury suffered in connection with PAWS FOR LIFE K9 RESCUE SERVICE DOG PROGRAM, contractors, or affiliated companies, sponsored events, activities, training, Boot Camp process, or after the placement process is complete, or working with their staff, service dogs, or service dogs in-training and that the above client and or legal guardian(s) (as specified on page 1), their heirs, executors and administrators may have or accrue against PAWS FOR LIFE K9 RESCUE, its representatives, agents, employees, contractors, affiliates, and volunteers.

I also understand that I will be responsible for any costs of any service or medical treatment provided by 3rd parties not covered by insurance of PAWS FOR LIFE K9 RESCUE. I understand and agree that in the case of an injury or death, the client's own personal insurance shall be the primary insurance utilized to pay for 3rd party services or medical treatment.

In case of emergency, I understand that every effort will be made to contact the emergency person list on page 2. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of PAWS FOR LIFE K9 RESCUE or the hospital/medical staff to hospitalize and secure proper treatment (including surgery) for the injured party.

I authorize PAWS FOR LIFE K9 RESCUE, and its employees, staff, contractors, affiliates, or volunteers to release sensitive information contained in this application or in private conversations, recorded conversations, video, photos, and other methods to the Hospital, Treatment Facility, and applicable medical staff, and authorities such as Police, Paramedics, or Fire personnel.

These above-mentioned authorizations include not just myself, but also applies and includes authorizations for my child or children or other family members listed in this application.

I agree that any current or future disputes be resolved first through Arbitration within the Los Angeles, California area.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signatures Required	
Client's Printed Name:	_____
Client's Signature:	_____ Date _____

Should you have any questions, please contact our Executive Director Alex Tonner at:

Direct Line: (310) 713-5673

Email: PawsforlifeK9@gmail.com

Mailing address: 1158 26th Street PMB 187 Santa Monica, CA 90403

Other Application Stipulations

I understand that the sensitive information provided in this application is for the sole purpose of evaluating the potential fit of my condition and needs with a potential Paws For Life K9 Rescue (“P4L”) PTSD Service dog as per the separate information release form.

I understand fully that due to certain circumstances, such as income, dangerous environment, or other circumstances, I may not qualify to continue with the process to receive a service dog and any application fees and any applicable travel expenses are non-refundable.

I fully understand, authorize and aware that any past or future phone conversations or in-person meetings with P4L, its staff, or contractors may be video recorded or audio recorded for safety, documentation, legal, and promotional or other purposes and may be released to 3rd parties without any compensation to myself or my family. I fully consent to these recordings and this consent extends in perpetuity and applies to all interactions with P4L, its staff, contractors, affiliates, & volunteers.

I understand that any service dog, or service dog-in training I work with at any time during the application process, training, or boot camp process, is the sole property of P4L. I understand that I have no legal rights or otherwise to any said dog until I fully execute all contracts and complete all provisions, requirements, milestones, and tests stated in those contracts. If Client fails to return the service dog, training manuals, and equipment back to P4L, its staff, contractors, affiliates, or volunteers physical possession immediately upon request by P4L, Client authorizes our lawyer to have a Judge to issue a legal order, without need for a lawsuit, for a police, sheriff, or other law enforcement personnel to respond within all appropriate and legal means to secure the dog and our equipment back into P4L physical possession immediately. All fees incurred will be the responsibly of the Client to pay or reimburse to Paws For Life K9 Rescue.

I understand that due to changing medical conditions, changing program requirements, and other situations, this application is only good for 1 year from the date that the application was submitted to P4L. Clients, who need to continue the application process past 1 year, will need to resubmit their application for approval.

I understand that P4L and its employees, volunteers, and processes does not discriminate based on Race or Color; National Origin; Religion; Sex; or Familial Status.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signatures Required

Client’s Printed Name: _____

Client’s Signature: _____ Date _____

***Remember to include in your mailing of the application: a copy of your doctor’s Prescription for a Service Dog along with copy of Military ID & other documentation!**

Should you have any questions, please contact our Executive Director Alex Tonner at:

Direct Line: (310) 713-5673

Email: PawsforlifeK9@gmail.com

Mailing address: 1158 26th Street PMB 187 Santa Monica, CA 90403

Audio, Photo, & Video Release

I, the undersigned, do hereby consent and agree that Paws For Life K9 Rescue (“P4L”) its employees, contractors, affiliates, volunteers, or agents have the right to take photographs, videotape, audio or digital recordings of myself to use these in any and all media, including print and online, now or hereafter known. This includes authorization to record all phone conversations for documentation and other purposes, along with authorization for video, audio, digital, and photographic recording is in effect from the date this is signed into perpetuity. I give P4L and or its staff the consent to release these recordings to various 3rd parties at P4L’s discretion.

I further consent that to use of mine or my child’s name and identity may be revealed therein or by descriptive text or commentary and may contain certain information that is protected under the Health Insurance Portability & Accountability Act (“HIPAA”). These disclosures are dictated by Paws For Life K9 RescueHIPAA Privacy Notice located on our website or provided to you.

This release of photo, video, and in-person account information includes, but not limited to:

- Starting, current, or ending communication levels,
- Information relating to the client’s progress in P4L programs,
- Interactions between staff, equipment, and service animals,
- Personal stories about progress from family members,
- Behavioral Patterns including progress in treatment of self-stemming, self-injurious behaviors, or repetitive behaviors or sleeping patterns,
- Service dogs performing their activities for the client
Or during the training process of Bootcamp.

I do hereby release to P4L, Contractors, Affiliates, Volunteers, its agents, and employees all rights to exhibit this work in print and electronic form including online, social media, publicly, or privately and to market and sell copies. I understand that video, picture, or references of myself or my child may be included in other products or marketing materials that P4L or its contractors or affiliates may produce for sale or for advertising the benefits of their programs. I waive any rights, claims, or interest I may have to control the use of my or my child’s identity or likeness in whatever media used and whatever venue it was used in.

I understand that there will be no financial or other remuneration for recording myself, or my family, either for initial or subsequent transmission or playback.

I also understand that P4L is not responsible for any expense or liability incurred as a result of my or my family’s participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, and if applicable legal guardian of the child and have read and understand the foregoing statement, and am competent to execute this agreement. All consents incorporated into this release will be from date signed below in perpetuity.

Signatures Required

Client’s Printed Name: _____

Client’s Signature: _____ Date _____

Additional Boot Camp Provisions

If the following provisions occur:

- The client elects to cancel the training & placement process (at any time during this stage),
- Client passes away or can no longer utilize a service dog,
- Fails to pass all required tests with a score of 90% or better,
- Fails to meet all required training & placement processes or milestones,
- Misses scheduled dates or deadlines for submittals of information to P4L,
- Is late to any scheduled meetings more than 2 times for longer than 20 minutes without notification and approval from P4L or its staff,
- Fails to follow instructions from P4L staff, employees, volunteers, or contractors,
- Is disrespectful or belligerent to any of P4L staff employees, volunteers, or contractors,
- Injures or neglects the service dog while in their possession,
- Violates the signed Code of Conduct & Expectations or any other contract provisions,

Then Paws For Life K9 Rescue (“P4L”) retains the right to stop the boot camp and/or training process immediately. Client must return all materials, equipment, and the service dog physically back to P4L or their staff’s possession immediately. Client will reserve the right to request a refund in accordance to the above stipulations and the refund calculation formula on the following page.

If Client fails to return the service dog, training manuals, and equipment back to P4L or its staff’s physical possession immediately upon request by P4L, Client authorizes our lawyer to have a Judge to issue a legal order, without need for a lawsuit, for a police, sheriff, or other law enforcement personnel to respond within all appropriate and legal means to secure the dog and our equipment back into P4L physical possession immediately. Client acknowledges during this time, P4L is the full and complete owner of the Service Dog and client has no ownership rights. All fees incurred including, but not limited to legal fees, recovery fees, arbitration fees, etc. will be the sole responsibility of the Client to pay or reimburse to P4L immediately upon demand by P4L.

At the time of successful boot camp graduation & contract signing or anytime in the future, there will be no replacement of another service dog if issues or conditions arise in the future that result in the service dog no longer being able to work or meet the client’s wishes.

If for any disputes, both parties agree to Arbitration in the State & Municipality that P4L is based at the time. If necessary, Arbitration will be done by an Arbitrator that is mutually approved by both parties & an active member of the American Arbitration Association. All arbitration costs, including legal expenses, will be the responsibility of the Client, unless awarded differently by the Arbitrator or a court. Any other legal disputes must be filed within the State & Municipality that Paws For Life K9 Rescue is headquartered at the time of the dispute.

Please sign to acknowledge that you read the above conditions on this page and agree to them:

Signatures Required	
Client’s Printed Name:	_____
Client’s Signature:	_____ Date _____

Health Insurance Portability & Accountability Act (HIPAA) of 1996 Privacy Notice Acknowledgement

I, the undersigned, do hereby consent and agree that Paws For Life K9 Rescue (“P4L”), has provided a Privacy notice on my or my child’s rights to medical information, its use, disclosures, and safeguards also located at:

<http://www.PawsForLifeK9.org>

I understand that these Procedures and disclosures may change and that P4L will do it’s best to keep me informed of these changes. I agree to the stipulations and procedures outlined in the privacy notice and in other contracts or applications with P4L, and any non-approved items I will notify P4L in writing to the following address:

Paws For Life K9 Rescue
1158 26th Street
PMB 187
Santa Monica, CA 90403

I affirm and agree to the limited release of my or my family’s information to a 3rd party including but not limited to arbitration, donor inquiries, media inquiries, online postings, consumer protection agencies, etc. in response to a claim or dispute. The release of information shall be limited to what is necessary and pertinent to address and satisfy the claim or dispute. If the client wishes to restrict this release of information in the case of a claim or dispute, they should provide a written notification to above address and include a detailed list of the non-approved items. By signing this statement, you agree to release or disclose the information in the specific case of a claim or dispute and that this may supersede stipulations, requirements, and protection procedures in the HIPAA or our HIPAA Privacy notice.

I represent that I am at least 18 years of age, and if applicable, legal guardian of the child and have read and understand the foregoing statement, and am competent to execute this agreement.

Signatures Required

Client’s Printed Name: _____

Client’s Signature: _____ Date _____

Additional Application Stipulations

For the complete submittal and review of your service dog application, you will be required to complete the above required fields to the best of your ability & knowledge. Falsifying any application information can result in immediate denial of the application or dismissal from the Paws For Life K9 Rescue PTSD service dog program and will require the applicant to return all equipment as well as the service dog placed in their care.

In the case of application falsification, intentional mis-representation, or fraud, Applicant hereby waives all rights. Applicant authorizes Paws For Life K9 Rescue, it's staff, volunteers, or 3rd parties to get immediate court authorization & judgement (from Paws For Life K9 Rescue's jurisdiction) along with authorizing Federal, State, & local police to enforce all reasonable means for the immediate return of all information, equipment, and animals placed with them from the PTSD Service Dog Program.

This provision cannot be overridden by any other contracts, verbal or written statements, electronic communication. This provision applies from the time the Applicant submits the application




Signatures Required

Client's Printed Name: _____

Client's Signature: _____ Date _____

Additional Application Documents To Be Submitted

In addition to this application, the following documentation will need to be submitted to Paws For Life K9 Rescue for evaluation & processing.

Document	Attach Document
 Prescription or Letter of Medical Necessity	
 PTSD Personality Questionnaire (Minimum 2 Must Be Submitted)	
 Copy of Military ID Card Type DD Form	

You can also print out & send this application along with the additional documentation to:

Email: PawsForLifeK9@gmail.com	Mail: Paws For Life K9 Rescue Executive Director Alex Tonner RE: PTSD Service Dog Program 1158 26th Street PMB 187 Santa Monica, CA 90403	Phone: (310) 713-5673
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