



APPLICATION PROCESS

Step 1: REQUEST APPLICATION

Via form on website, email, phone, or in person the prospect will obtain a copy of the application.

Step 2: Return Application Packet

Complete and return the FULL, COMPLETED PACKET, including:

1. Application Form
2. Counseling Agreement
3. DD-214
4. VA Disability Letter
5. Disclosures, waiver, and agreements package
6. 3 Letters of Reference from personal, reputable sources citing why they feel the candidate would benefit from partnering with a service dog, and their confidence in the candidate's ability to properly care for the animal.

Step 3: Vetting Process & Send Pre-Interview Questionnaire

This is a 'waiting period' for the prospect, where the Foundation is processing paperwork, checking references, and setting up for the interview process. The Veteran Advocate will send over a pre-interview questionnaire to be filled out and sent back prior to the interview being scheduled.

Step 4: Schedule Interview

Upon return of completed pre-interview questionnaire, one of the Foundation Directors will contact the Prospect to set up an interview.

Step 5: Interview

Prospect will have a face-to-face interview with the Foundation Veteran Advocate, one of the canine Trainers, and a Board Member. This is an opportunity for the Prospect and the Foundation to explore:

- (a) discuss the Prospect's history and needs
- (b) set expectations for the training process
- (c) discuss the care and needs of a service dog

BASIC CRITERIA FOR ACCEPTANCE

To be considered for entry into the program as a Trainee, a veteran must meet the following basic criteria (this is NOT a comprehensive list):

- (a) Demonstrated need for a service/emotional support dog
- (b) Affinity for dogs
- (c) The ability to be financially responsible for, and physically care for and manage the dog
- (d) Psychological and emotional stability necessary to benefit from the services of a support dog
- (e) Ability and Desire to attend and learn from the training course
- (f) Ability to attend public relations/demonstration events
- (g) Willingness to help other trainees during their training process



D.A.W.G. Foundation, Inc.

Dogs Assisting Wounded GI's

Veteran

Application

Package

D.A.W.G. Foundation, Inc.
10620 FM 1960 W.
Houston, Tx. 77070
admin@dawgfoundation.com
www.dawgfoundation.com

Mission Statement:

The Mission of “Dogs Assisting Wounded GI’s” Foundation is to provide trained service dogs to military veterans battling Post-Traumatic Stress Disorder (PTSD) at no cost to the veteran. The Foundation accomplishes this mission through donations from partner corporations, and the public at large.

Prerequisites:

The following prerequisites must be met in order to begin the candidate selection process:

1. Applicant must have received an Honorable discharge from the United States Military.
2. Applicant must provide a DD-214 to the Foundation.
3. A VA Disability Rating Letter is required.
4. ALL documents in the Applicant Package must be completed and returned to the Foundation. This includes waivers, applications, and letters of recommendation.

If you require assistance with filling out this application, please feel free to contact us at:
applications@dawgfoundation.com



**D.A.W.G Foundation, Inc.
Veteran Application**

This is an application only. We have the right to decline applicants, if we feel the applicant's life-style is not suitable for a PTSD Service Dog. If you are declined, we will explain to you what is needed for you to receive a DAWG PTSD Service Dog.

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth: _____

Occupation: _____

Are you: Married Single Divorced Separated Widowed

Military Branch of Service:

Army Marines Air Force Navy U.S. Coast Guard Other _____

Current Status of Service:

Active Duty Reserves Retired Veteran

Type of Discharge: _____ **Rank/MOS:** _____

Applicant: _____

1. What was your period of service (i.e. 1999-2004)?

2. Have you ever been hospitalized for a service-related injury?

3. Have you been diagnosed with a TBI (Traumatic Brain Injury) and/or PTSD (Post Traumatic Stress Disorder)?

4. Do you consume alcohol? _____ If yes, How often? _____

5. Do you live alone? _____ If yes, is there a relative or friend nearby? _____

6. Are there children in your home? _____ What ages? _____

We will be speaking with your spouse, partner, or adult you live with as to whether the dog would be accepted and incorporated into the household. Please provide the name and phone number of the person to contact.

Name: _____

Phone Number: _____

Relationship to applicant: _____

7. Are there other animals in the home? _____ If yes, what kind? _____

If dogs are they spayed / neutered? _____

Please respond to the following questions as thoroughly as needed. Please attach any additional sheets of paper containing your answers to this application for submission.

8. How have you changed since acquiring PTSD?

9. What is a typical day like for you?

10. How would you incorporate the dog into your daily life?

11. How would you exercise your dog?

Applicant: _____

12. Have you ever owned a dog? _____

If so, what type and when? _____

13. What ideally, would you like for the dog to be able to do for you?

14. Do you have any physical limitations?

15. What are your opinions on dogs as pets?

16. In your own words, how do you feel having a PTSD Service Dog would enable you to be more independent? (i.e. Less fearful? Less anxious? Etc.)

17. How would you respond to the challenges of having a PTSD Service Dog in public places where there may be questions as to its job and being allowed access? What would you say?

D.A.W.G. Foundation, Inc. will perform Home Checks, Reference Verification, Veterinarian Verification, Meet and Greet with the family members and any other family pets in the household. This is done to insure that there will be no issues upon placement of the Service Dog in the home. D.A.W.G. Foundation, Inc. reserves the right to refuse anyone for any reason that will affect the safety and care of the Service Dog, or in any other way jeopardize the health/safety of another family member/pet.

Please return this application by:

Mail:

D.A.W.G. Foundation, Inc.
10620 FM 1960 W.
Houston, Tx. 77070

Fax number:
(281)970-2044

Email (preferred):

admin@dawgfoundation.com

Applicant: _____



DAWG
FOUNDATION
Dogs Assisting Wounded GI's

DEMONSTRATION CONSENT FORM

I, _____ do recognize that DAWG Foundation is frequently involved in demonstrations for individuals, groups, and the public who are seeking information on the program. As a participant in the program, I understand that I may be asked to participate in these types of activities, and my participation, while voluntary, is a condition of inclusion in the program. While the Foundation does not expect me to attend every event, my participation based upon my familial and occupational schedule is encouraged.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS THEREOF. I AM AWARE THAT THIS IS AN AGREEMENT BETWEEN MYSELF AND THE DAWG FOUNDATION, INC AND SIGN THIS DOCUMENT OF MY OWN FREE WILL.

Signature _____

Printed Name _____

Date _____

Phone # _____

Address _____

Email Address _____



DAWG
FOUNDATION
Dogs Assisting Wounded GI's

Assistance Dog Training
Disclaimer and Release of Liability

I, _____ do hereby acknowledge that I have voluntarily applied to participate in specialized dog training with the DAWG Foundation, Inc and Barks 5th Avenue, LLC. I am aware that there are inherent risks and hazards involved in any activities involving canines, and I am voluntarily participating in these activities with full knowledge of the potential risks of bodily injury and/or property damage. I am not relying on the DAWG Foundation, Barks 5th Avenue, or any of the assigned volunteers/instructors to prevent such occurrences.

In order to participate in the DAWG Foundation program, I assume any and all risks of any occurrences that may arise from my actions and/or involvement stemming from my participation. I hereby waive any and all claims or actions that I or my family, guardians, representatives, or assigns may have against DAWG Foundation or Barks 5th Avenue, and agree to release said entities from any and all bodily injury or property damage to myself, my dog, children in my charge, or harm to property caused directly or indirectly by any acts that may occur while participating in the program.

I also assume sole responsibility for injury or damage caused by myself, children in my charge, or by the dog entrusted to my care during my participation in the program, and further agree to indemnify, defend, and hold harmless from any damage, loss, liability or expense, including legal costs and attorney's fees, which may result from damage caused by myself, children in my charge, or the dog entrusted to my care.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS THEREOF. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE DAWG FOUNDATION, INC AND SIGN THIS DOCUMENT OF MY OWN FREE WILL.

Signature _____

Printed Name _____

Date _____

Phone # _____

Address _____

Email Address _____



DAWG
FOUNDATION
Dogs Assisting Wounded GI's

MEDIA AUTHORIZATION AND RELEASE

I, _____ do hereby irrevocably authorize The DAWG Foundation, Inc, its successors and assigns and those acting under its permission and on its authority, to copyright, use, and publish, for art, sales/charity materials, advertising, promotion, packaging, trade, or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, pictures, portraits or images, of me and the service dog entrusted to my care (or other animals), or in which I/we may be included. In whole or in part, or composite or distorted in character, or form, in conjunction with my/our or a fictitious name, or reproductions thereof in color or otherwise, made through any medium. Any and all comments made by me are provided to DAWG Foundation without receipt of any promise of consideration.

The undersigned warrants that he/she has the full power and authority to grant all of the rights conveyed hereafter and hereby waives any right that he/she may inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release shall be binding upon his/her heirs, executors, administrators, successors, and assigns.

The undersigned warrants that all comments made by me will accurately reflect the opinions and experiences of the undersigned and that the comments are true and correct to the best of his/her knowledge and belief.

The undersigned further warrants that he is of legal age and of sound mind and has every right to contract in his own name in the above regard and further that he has read the above authorization and release, prior to its execution, and he is fully familiar with the contents thereof.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS THEREOF. I AM AWARE THAT I AM ENTERING INTO A CONTRACT BETWEEN MYSELF AND THE DAWG FOUNDATION, INC AND SIGN THIS DOCUMENT OF MY OWN FREE WILL.

Signature _____

Printed Name _____

Date _____

Phone # _____

Address _____