



## APPLICATION FOR GOLD STAR FAMILY

Thank you for your interest in obtaining a service dog or therapy dog from Dogs Helping Heroes, Inc. ("DHH"). Among other things, DHH provides trained service dogs or therapy dogs to Gold Star family members. DHH is not currently able to provide guide dogs to individuals who are legally blind or hearing impaired.

To apply for a service dog or therapy dog from DHH, the following (copies of which are included within) are required (please include a check mark or other similar designation next to each item confirming you have completed it):

1. Completed Application for Service / Therapy Dog:
2. Medical History Form (if seeking a service dog):
3. Physician Statement of Disability (if seeking a service dog):
4. DHH Standards, Guidelines and Code of Conduct Form:
5. Three Personal Reference Forms:
6. Photo Release Form:
7. General Liability Release Form:

### Additional Requirements:

1. (i) A copy of the DD1300 for the your relevant family member that has sensitive information like social security numbers and addresses redacted; or (ii) a letter from an organization like Survivor Services Outreach that is sponsored by the Department of Defense and confirms your eligibility as a Gold Star family member:
2. A copy of your driver's license:
3. Proof of Income (*e.g.*, paystub, letter from employer, Social Security statement, bank statement with SSN's and account numbers removed):

Your application will only be included in our review process once your **complete** application packet is received at one of the below addresses. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** We typically conduct interviews on a



quarterly basis so failure to submit a complete application packet may result in additional delays. Due to the limited number of service and therapy dogs, satisfaction of all requirements contained herein does not guarantee that you will be provided with a service or therapy dog, as applicable. DHH does its best to meet the needs of qualified applicants but, due to the overwhelming nature of the need, it is a competitive process to be awarded one of our dogs and we seek the best possible situations for our dogs.

Please sign and date to acknowledge you have completed the application in full and understand all of the terms and conditions set forth herein.

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

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

Date: \_\_\_\_\_, 20\_\_

Please Return **Completed Application** to:

Dogs Helping Heroes, Inc., P.O. Box 2126, Clarksville, Indiana 47131

or

Scan and email as completed pdf attachment to: [adresa@dogshelpingheroes.org](mailto:adresa@dogshelpingheroes.org).



## **APPLICATION FOR SERVICE OR THERAPY DOG**

Date of Application: \_\_\_\_/\_\_\_\_/20\_\_

### **Part I. Personal Information**

Full Name of Applicant: \_\_\_\_\_

Gender: Male ; Female . Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Have you ever been convicted of a court martial, non-judicial punishment or felony?  
Yes  No  If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Are there currently any charges pending against you that could result in a court martial,  
non-judicial punishment or felony? Yes ; No  If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

Are you physically, mentally, emotionally and financially able to care for a service or  
therapy dog, as applicable, if you are awarded one? Yes ; No .

Projected Date Available to Start Training: \_\_\_\_\_, 20\_\_

### **Part II. Family/Living Situation**

Current Marital Status: Single, never married  Married  Committed cohabitating  
relationship ; Divorced ; Separated  Widowed



In what type of residence do you reside? Private Home  Apartment  Dormitory   
Assisted Living Facility ; Group Home ; Mobile Home ;  
Other (please describe) \_\_\_\_\_.

Do you have a fenced yard available for your use? Yes ; No .

Please give name, age and relationship of those with whom you live. \_\_\_\_\_  
\_\_\_\_\_.

Do you currently have any pets in your home? Yes ; No . If yes, please describe the  
number, type, gender, breed and age of all pets: \_\_\_\_\_  
\_\_\_\_\_.

Have you ever owned a dog before? Yes ; No . If yes, explain how you cared for the  
dog. \_\_\_\_\_  
\_\_\_\_\_.

Is anyone in your home allergic to dogs? Yes ; No . If yes, explain: \_\_\_\_\_  
\_\_\_\_\_.

Does anyone in your home have a fear of dogs? Yes ; No . If yes, explain: \_\_\_\_\_  
\_\_\_\_\_.

What type of support is available to assist you with the care of your service / therapy dog  
(e.g., taking it to the veterinarian, feeding, bathing, walking, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

What is the name, address and phone number of the most recent veterinarian you used for  
any of your animals and what were the names of those animals? Also, please explain the  
reason for the most recent visit to such veterinarian. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.



May we contact the veterinarian whose information is provided above? Yes ; No .

If you are single or living alone, do you have someone in your support network that can assist you with taking care of your service / therapy dog if something happened to you (e.g., illness or injury)? Yes ; No .

If yes:

Individual's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Individual's Email: \_\_\_\_\_

Individual's Phone: \_\_\_\_\_

Emergency Contacts: Please provide two (2) emergency contacts.

1. Emergency Contact's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

2. Emergency Contact's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### Part III. Employment Situation

What is your current employment situation? Employed (full time) ; Employed (part time) ; Employed (per diem) ; Unemployed ; Student  (please specify name of learning institution, anticipated date of graduation and degree: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_).

What is your primary source of income? Self (through employment) ; Disability ; Spouse/Significant Other ; Other  (please specify: \_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_).

How do you get to and from work/school on a daily basis? \_\_\_\_\_

\_\_\_\_\_

If you are not currently employed, do you plan on becoming employed? Yes ; No .  
Explain: \_\_\_\_\_

*Please answer the following questions only if you are currently employed.*

Do you work outside of your home? Yes  No  If yes, where do you work (please describe the work environment, e.g., large/small office; high rise/single story; rural, suburban, downtown; indoors/outdoors, etc.)? \_\_\_\_\_

Who is your current employer? \_\_\_\_\_

May we contact your current employer? Yes  No  If yes. Phone # \_\_\_\_\_

**Part IV. Service to Community.**

Have you ever worked with any of the following underserved populations? Individuals with Disabilities \_\_\_\_; Elderly \_\_\_\_; Abused Children \_\_\_\_; Battered Spouses \_\_\_\_; Terminally Ill Patients \_\_\_\_; Animal Rescue \_\_\_\_\_.

Please provide specifics regarding your service to the community, including the name(s) of the agencies you worked with, the length of time served and a brief description of the type of services you provided.

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

**Part V. Miscellaneous.**

Please describe, as specifically as possible, how a service / therapy dog will assist you in becoming more independent and productive at home and in your community. Attach additional sheets if necessary.



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How would a service / therapy dog help you with your mental health and/or psychological needs? Please be as specific as possible. Attach additional sheets if necessary.

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Are there any obstacles or issues which would prevent you from attending team training (which will be the portion of training where you will work with the trainer and the dog on a schedule to be determined by you and the trainer over a multi-week period)?

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**Part VI. Acknowledgement and Signature**

By signing below, I certify that all of the information I have provided on this application is current, accurate, and correct, and truly represents my needs and present situation. I understand that failure to give complete information or falsification or misrepresentation of information may prevent me from receiving a service / therapy dog, or may cause me to lose a service / therapy dog if one is awarded to me. I agree to surrender any service / therapy dog awarded to me by DHH and return all materials, equipment and supplies provided by DHH in the event of any failure to provide complete information or falsification or misrepresentation of information by me. I understand that any information obtained by DHH is confidential, and other than being shared with DHH's agents, representatives or advisors for the sole purpose of assessing my qualifications for a service / therapy dog, will not be released to any person or outside agency without my written consent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## MEDICAL HISTORY FORM

Please note that DHH does NOT require you to disclose your diagnosis. However, if you are applying for a service dog, we do require information on the effects that your disability has on your ability to perform certain activities of daily living.

Please describe the nature of your primary disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Date of Onset or Diagnosis (MM/YY): \_\_\_\_\_.

How did your disability occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Is your disability considered to be progressive? Yes ; No .

What is the prognosis for your disability? \_\_\_\_\_  
\_\_\_\_\_.

Do you have any secondary disabilities? Yes ; No . If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you currently use any of the following assistive/adaptive devices?

Manual Wheelchair ; Power Wheelchair ; Power 3 Wheel Cart ; Walker ;  
Crutch/Cane ; Leg Brace ; Arm Brace ; Prosthesis ; Hearing Aid ; Other . If  
other, please specify: \_\_\_\_\_.

How does your disability affect your daily life? What are your functional limitations? Please indicate which of the following activities are limited by your disability (check all that apply): Balance ; Coordination ; Hearing ; Vision ; Speech ; Memory Loss ; Physical Stamina ; Ability to navigate curbs and steps ; Ability to bend or retrieve dropped objects ; Ability to go out in public or socialize ; Ability to live independently ; Other  (please explain \_\_\_\_\_).





Please describe the extent to which any of the above checked items are affected.

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What type of service dog are you requesting? Mobility ; Medical Alert/Signal ; Psychological . ***Please note DHH cannot currently provide hearing or guide dogs.***



## **PHYSICIAN STATEMENT OF DISABILITY**

(To be completed by applicant's treating physician if applying for a service dog)

This is to certify that \_\_\_\_\_ is a patient under my care, and is being treated for a disabling medical condition. I further certify that this person meets the criteria for disability as specified in the Americans with Disability Act ("ADA") and therefore would be entitled to public access with a service dog.

The criteria for disability determination under ADA Law are re-printed for your convenience, and are as follows:

### **AMERICANS WITH DISABILITIES ACT AMENDED DEFINITION OF "DISABILITY", JANUARY 2009.**

#### Section 902.1

(b) Statutory Definition -- With respect to an individual, the term "disability" means

(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;

(B) a record of such an impairment; or

(C) being regarded as having such an impairment.

42 U.S.C. § 12102(2); *see also* 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the ADA.

The first part of the definition covers persons who actually have physical or mental impairments that substantially limit one or more major life activities. The focus under the first part is on the individual, to determine if (s) he has a substantially limiting impairment. To fall under the first part of the definition, a person must establish three elements:

(1) that (s)he has a physical or mental impairment;

(2) that substantially limits;

(3) one or more major life activities.

#### Section 902.2 Impairment

(a) General -- The person claiming to be an individual with a disability as defined by the first part of the definition must have an actual impairment. If the person does not have



an impairment, (s) he does not meet the requirements of the first part of the definition of disability. Under the second and third parts of the definition, the person must have a record of a substantially limiting impairment or be regarded as having a substantially limiting impairment.

A person has a disability only if his/her limitations are, were, or are regarded as being the result of an impairment. It is essential, therefore, to distinguish between conditions that are impairments and those that are not impairments. Not everything that restricts a person's major life activities is an impairment. For example, a person may be having financial problems that significantly restrict what that person does in life. Financial problems or other economic disadvantages, however, are not impairments under the ADA. Accordingly, the person in that situation does not have a "disability" as that term is defined by the ADA. On the other hand, an individual may be unable to cope with everyday stress because (s) he has bipolar disorder. Bipolar disorder is an impairment. In that situation, the analysis proceeds to whether the individual's impairment substantially limits a major life activity.

(b) Regulatory Definition -- A physical or mental impairment means

(1) [any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or

(2) [A]any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

29 C.F.R. § 1630.2(h)

I certify that the above-named patient meets the ADA criteria for disability under ADA Law.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Physician

\_\_\_\_\_  
Area of Specialty & Degree (MD, DO, PhD or APRN)

\_\_\_\_\_  
Office address



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Office Phone Number



## **DHH STANDARDS, GUIDELINES AND CODE OF CONDUCT**

Dogs Helping Heroes, Inc. (“DHH”) has established minimum standards for service / therapy dog teams (*e.g.*, the applicant and his or her service / therapy dog), and the team is expected to live up to these standards at all times. This includes behaviors observed during testing, and extends to conduct in public during the team's entire working life. The focus here is on the behavior of the team, not merely the dog. I agree to satisfy the following standards at all times:

### **I. HEALTH, WELLNESS AND SAFETY**

**I agree to provide my service / therapy dog with:**

1. Monthly heartworm treatments.
2. Monthly flea and tick treatments if recommended by a veterinarian.
3. All required vaccinations recommended by a veterinarian.
4. Regular baths, brushing and grooming, includes cleaning of the dog's ears, trimming of the dog's nails, shampooing and brushing of the dog's coat.
5. Current license tags that are required by any applicable authorities and that are prominently displayed on the service / therapy dog's collar.
6. A name tag with my current phone number displayed on the collar at all times.
7. A clean service vest in good repair with ID badge and emergency contact card displayed in the pocket to be worn at all times while in public.
8. Working equipment that is properly fitted and in good repair, including a collar and a leash that is no longer than 6 feet in length (retractable leashes are prohibited).
9. High quality food at least two times daily, or more frequently if recommended by a veterinarian.
10. Clean, fresh water available at all reasonable times, including by carrying a portable water bowl when I am away from my home.

**In addition, I agree to:**

1. Allow DHH to conduct a home visit before making a determination on my application to confirm the circumstances in which my service / therapy dog would be kept.
2. Microchip my service / therapy dog and update the address of the microchip promptly if I relocate.
3. Register / license my service / therapy dog with base animal control.
4. Never allow any other animal to wear my service dog's vest.
5. Not allow anyone other than me to handle my service dog in public.
6. Never leave my service / therapy dog outside or inside on a tie out, leash, dog run, chain or any other method where the service / therapy dog is unattended. I agree that the only time my service / therapy dog will be allowed off leash while outside my home is in a fenced in and human supervised setting.
7. Keep my service / therapy dog secure in a crate of proper size for my service /



- therapy dog's size if I ever need to leave my home without taking my service / therapy dog with me.
8. Board my service / therapy dog at a professional kennel, boarding facility or veterinarian if I ever need to leave my service / therapy dog at home for more than one day at a time.
  9. If I ever take my service / therapy dog to a dog park, I will only take my service / therapy dog to dog parks that check all dogs' vaccination records and monitor for aggressive dog behavior. In addition, I will limit my service / therapy dog's interaction to smaller groups of dogs and will closely monitor my service / therapy dog's behavior.
  10. Take my service / therapy dog in for annual health examinations with a veterinarian, or more frequently if recommended by such veterinarian.
  11. Notify DHH within two hours of any loss, illness, bite, injury or accident affecting my service / therapy dog.
  12. Take my service / therapy dog to a veterinarian within twelve hours of the dog displaying any signs of illness or lethargy.
  13. Play with my service / therapy dog at least once every day.
  14. Provide any and all veterinarian records and reports to DHH following request for the same.

## II. TRAINING

**If I am awarded a service dog, I will practice commands and training with my service dog on a daily basis to make sure my service dog continues to meet the following standards:**

1. Perform at least three service related tasks to mitigate the disability of the handler.
2. Obey commands on the first attempt at least 90% of the time, except in cases of intelligent disobedience.
3. Maintain a good heel on leash.
4. Lie quietly beside the handler or under a seat without creating an obstacle to others.
5. Urinate or defecate only in appropriate designated places.

**In addition, I agree to:**

1. Contact DHH promptly if my service dog no longer meets the above standards so that additional training can be arranged.
2. Use only training techniques that have been approved by DHH and always treat the service dog humanely.
3. Be consistent in responding to and giving commands.
4. Practice commands and training with my service dog in a public place at least once per week.
5. Ensure that the dog is within two feet of me at all times except when a task requires a greater distance.
6. Ensure that the dog has adequate space in order to avoid injury to the dog or others in public.
7. Provide regularly scheduled rest breaks for the dog.



### **III. PUBLIC BEHAVIOR**

**If I am awarded a service dog, I agree to consistently ensure that my service dog:**

1. Does not solicit attention from strangers.
2. Is able to work quietly in public without barking, whining or otherwise creating a distraction.
3. Does not growl, snarl or demonstrate any aggression towards people or other dogs.
4. Does not solicit or steal food items from the general public.
5. Urinates or defecates only in appropriate designated places.

**In addition, I agree to:**

1. Contact DHH promptly if my service dog no longer meets the above standards so that additional training can be arranged.
2. Set and enforce consistent boundaries and prevent members of the public from petting or greeting the dog while it is working.
3. Respond politely and appropriately to public inquiries and challenges at all times.

### **IV. GENERAL**

**I acknowledge and agree that I will:**

1. Notify DHH within ten days of any change of my address, email address or phone number and provide such new information.
2. Be regularly contacted by a DHH representative to ensure that the pairing with my service / therapy dog is successful. I will be open, honest and responsive to any such contact by a DHH representative.
3. Notify DHH within two hours of any incident involving my service / therapy dog and animal control and/or law enforcement.
4. Participate in any recertification program required by DHH.
5. Be an advocate and ambassador for DHH. I will always act professionally while in public and agree to represent DHH at various events, appearances and fundraisers.
6. Never abandon, surrender, give away, or take my service / therapy dog to a shelter, any other organization or any person without written consent from DHH.
7. Inform DHH immediately if, for any reason, I am unable to maintain proper care or comply with all of the above listed conditions and requirements for my service / therapy dog.

**I acknowledge and agree that the final responsibility for all aspects of care, training and public behavior rests with me and that I agree to accept all responsibility and liability for me and my service / therapy dog's actions.**



By signing below, I certify I have read and agree to abide by the DHH Standards, Guidelines and Code of Conduct. I understand and agree that if, at any time, I am found to be in violation of the DHH Standards, Guidelines and Code of Conduct, I will be removed from the DHH program and I will surrender to DHH the service / therapy dog given to me and return all materials, equipment and supplies provided by DHH to me. If I am ever so removed from the DHH program and surrender my service / therapy dog, I agree to financially reimburse DHH for the total cost DHH incurred in connection with my service / therapy dog, including, without limitation, for training my service / therapy dog, in obtaining the surrender of my service / therapy dog and all related materials, equipment and supplies, any travel expenses and any veterinarian care. I hereby give DHH the right to remove a service / therapy dog from my care in the event of mistreatment, abuse, poor living conditions or failure to comply with the DHH Standards, Guidelines and Code of Conduct in any respect.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name





## Dogs Helping Heroes – First of Three Personal Reference Forms for Applicants

**Instructions to Applicant:** Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to Dogs Helping Heroes, Inc. at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you or with whom you cohabitate.

Name of Applicant \_\_\_\_\_

**Instructions to Respondent completing the form:** The above-named individual is applying to get a service / therapy dog from Dogs Helping Heroes, Inc. (“DHH”). Please answer all questions to the best of your ability and return the form to DHH in the enclosed envelope.

**NOTE:** Your responses will be held in CONFIDENTIALITY and shared only with DHH’s agents, representatives or advisors for purposes of determining Applicant’s qualifications for a service / therapy dog, and will not under any circumstance be provided to the Applicant.

1. How do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_.
2. How long have you known the applicant? \_\_\_\_\_ (Months/Years)
3. What is your relationship to this applicant? Friend ; Co-Worker  Other  (please explain \_\_\_\_\_)
4.  you believe this applicant has good communication skills? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5.  you believe this applicant to be of sound mind and able to exercise good judgment? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
6. Do you believe this applicant has the ability to provide essential control and care for a service / therapy dog? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
7. Do you believe the applicant has the ability to provide for the emotional needs of a service / therapy dog? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_.



\_\_\_\_\_

8. Do you  believe this applicant has the ability to work safely in public with a service / therapy dog?  
Yes ; No . Explain: \_\_\_\_\_

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

9. Please comment on the moral character and integrity of this person, or any other factor you believe is relevant for our purposes and the ultimate safety and wellbeing of the applicant and the service / therapy dog. \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone

*Please mail this completed form directly to: Dogs Helping Heroes, Inc., P.O. Box 2126, Clarksville, Indiana 47131; or scan and email as pdf attachment to: [adresa@dogshelpingheroes.org](mailto:adresa@dogshelpingheroes.org).*



## Dogs Helping Heroes – Second of Three Personal Reference Forms for Applicants

**Instructions to Applicant:** Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to Dogs Helping Heroes, Inc. at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you or with whom you cohabitate.

Name of Applicant \_\_\_\_\_

**Instructions to Respondent completing the form:** The above-named individual is applying to get a service / therapy dog from Dogs Helping Heroes, Inc. (DHH). Please answer all questions to the best of your ability and return the form to DHH in the enclosed envelope.

**NOTE:** Your responses will be held in CONFIDENTIALITY and shared only with DHH's agents, representatives or advisors for purposes of determining Applicant's qualifications for a service / therapy dog, and will not under any circumstance be provided to the Applicant.

1. How do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_.
2. How long have you known the applicant? \_\_\_\_\_ (Months/Years)
3. What is your relationship to this applicant? Friend ; Co-Worker  Other  (please explain \_\_\_\_\_)
4. Do  you believe this applicant has good communication skills? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5.  you believe this applicant to be of sound mind and able to exercise good judgment? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
6. Do you believe this applicant has the ability to provide essential control and care for a service / therapy dog? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
7. Do you believe the  appli  t has the ability to provide for the emotional needs of a service / therapy dog? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_.



\_\_\_\_\_

8. Do you  believe this applicant has the ability to work safely in public with a service / therapy dog?  
Yes ; No . Explain: \_\_\_\_\_

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

9. Please comment on the moral character and integrity of this person, or any other factor you believe is relevant for our purposes and the ultimate safety and wellbeing of the applicant and the service / therapy dog. \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone

*Please mail this completed form directly to: Dogs Helping Heroes, Inc., P.O. Box 2126, Clarksville, Indiana 47131; or scan and email as pdf attachment to: [adresa@dogshelpingheroes.org](mailto:adresa@dogshelpingheroes.org).*



### Dogs Helping Heroes – Third of Three Personal Reference Forms for Applicants

**Instructions to Applicant:** Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to Dogs Helping Heroes, Inc. at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you or with whom you cohabitate.

Name of Applicant \_\_\_\_\_

**Instructions to Respondent completing the form:** The above-named individual is applying to get a service / therapy dog from Dogs Helping Heroes, Inc. (DHH). Please answer all questions to the best of your ability and return the form to DHH in the enclosed envelope.

**NOTE:** Your responses will be held in CONFIDENTIALITY and shared only with DHH's agents, representatives or advisors for purposes of determining Applicant's qualifications for a service / therapy dog, and will not under any circumstance be provided to the Applicant.

1. How do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_.
2. How long have you known the applicant? \_\_\_\_\_ (Months/Years)
3. What is your relationship to this applicant? Friend ; Co-Worker ; Other  (please explain \_\_\_\_\_)
4.  you believe this applicant has good communication skills? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5.  you believe this applicant to be of sound mind and able to exercise good judgment? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
6. Do you believe this applicant has the ability to provide essential control and care for a service / therapy dog? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
7. Do you believe this applicant has the ability to provide for the emotional needs of a service / therapy dog? Yes ; No . Explain: \_\_\_\_\_  
\_\_\_\_\_.



\_\_\_\_\_

8. Do you  believe this applicant has the ability to work safely in public with a service / therapy dog?  
Yes ; No . Explain: \_\_\_\_\_

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

9. Please comment on the moral character and integrity of this person, or any other factor you believe is relevant for our purposes and the ultimate safety and wellbeing of the applicant and the service / therapy dog. \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone

*Please mail this completed form directly to: Dogs Helping Heroes, Inc., P.O. Box 2126, Clarksville, Indiana 47131; or scan and email as pdf attachment to: [adresa@dogshelpingheroes.org](mailto:adresa@dogshelpingheroes.org).*



## **PHOTO RELEASE**

I understand and agree that DHH will be photographing applicants and dogs during training and events for the purposes of providing community education and/or promoting the program, social networking, promotional material and other related purposes. This may include still photos and videos. I understand that there may be television, newspaper, or other media outlets that may be present at classes and events to take footage and/or photos of applicants and dogs for training and/or publicity purposes. I hereby grant DHH permission to use these photos or footage, and grant permission to these media outlets to use these photos or footage for training and/or publicity purposes. I understand and agree that all photos taken by DHH are the exclusive property of DHH, and DHH reserves the rights to all such photos or videos.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant



## **GENERAL RELEASE OF LIABILITY**

By signing below, I hereby release any liabilities or claims relating to injuries or death that may occur during any and all dog training, dog handling, trainer training, classroom instruction, events and all situations relating to participating in any activities or services sponsored by Dogs Helping Heroes, Inc. ("DHH"). I acknowledge that I assume the risks and responsibilities in such participation and hold DHH harmless for any injuries or liabilities incurred or sustained in my participation with DHH. I understand and agree that, by acknowledging and signing this release, I irrevocably, unconditionally and completely release and forever discharge DHH and all of its principals, officers, directors, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents (collectively, the "DHH Parties") from and against any and all losses, demands, damages, obligations, liabilities, actions, causes of action, debts, suits, judgments, and all claims of any kind or nature whether known or unknown, fixed or contingent, arising directly or indirectly from, as a result of or in connection with, or otherwise relating in any manner to any claims of liability, that were alleged, could have been alleged, or could be alleged against any and all DHH Parties that may in the future develop from or be caused directly or indirectly from any actions causing such liabilities. I acknowledge that I provide this release voluntarily and knowingly. By signing below, I further agree to hold any and all DHH Parties entirely free from any and all liability, including but not limited to financial responsibility for injuries incurred or alleged to have been incurred, regardless of whether injuries are caused by negligence. In addition, I forfeit any and all right to bring a suit against any and all DHH Parties for any reason. I accept full and sole responsibility for myself, my family, my entire party and any and all actions of my service / therapy dog.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

How did you hear about Dogs Helping Heroes: \_\_\_\_\_

What is your shirt size: \_\_\_\_\_

If you are awarded a dog, please give us 1 male and 1 female dog name: \_\_\_\_\_