



## **APPLICATION FOR GROUP THERAPY DOG**

Thank you for your interest in obtaining a group therapy dog from Dogs Helping Heroes, Inc. ("DHH"). Among other things, DHH provides trained therapy dogs to qualified organizations that will benefit men and women disabled in the line of duty while serving our country in the U.S. Military, Law Enforcement, Fire or Emergency Medical Service, who now suffer from mobility impairment, traumatic brain injury, psychiatric impairment or other qualifying conditions that would benefit from a therapy dog. DHH is not currently able to provide guide dogs to individuals who are legally blind or hearing impaired.

**One individual must be identified and approved as the responsible party and dog handler for a therapy dog and that individual should be the focus of the application.**

To apply for a group 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 Therapy Dog: \_\_\_\_
2. DHH Standards, Guidelines and Code of Conduct Form: \_\_\_\_
3. One Supervisor Approval Form: \_\_\_\_
4. Three Personal Reference Forms: \_\_\_\_
5. Photo Release Form: \_\_\_\_
6. General Liability Release Form: \_\_\_\_

### **Additional Requirements:**

1. A copy of your driver's license: \_\_\_\_
2. Proof of Income (*e.g.*, paystub, letter from employer, Social Security statement, bank statement with SSN's and account numbers removed) and/or confirmation that the benefitted department has budgeted funds and will accept all responsibility: \_\_\_\_



3. SOP that provides details on how you and the benefitted department plan to utilize a therapy dog if you are awarded one. Please include details regarding how the relevant community would interact with the therapy dog, how the therapy dog would be cared for and what would happen if you are no longer involved with the benefitted department: \_\_\_\_

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 therapy dogs, satisfaction of all requirements contained herein does not guarantee that you will be provided with a therapy dog. 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 therapy 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: [dogshelpingheroes@gmail.com](mailto:dogshelpingheroes@gmail.com).



**APPLICATION FOR GROUP THERAPY DOG**

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

**Part I. Personal Information for Handler**

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 court-martialed, received a form of military non-judicial punishment or convicted of a 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 therapy dog 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 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 the department or within your support network that can assist you with taking care of your 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. Organization / Employment Information**

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

Does the benefitted department have funds budgeted to cover all related costs for the care of the therapy dog and will it accept all responsibility for such costs? (please provide specifics on such funds and who will provide separate confirmation of such acceptance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_).

If the benefitted department is not accepting responsibility for the financial costs, 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your 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. Miscellaneous.**

Please describe, as specifically as possible, the community for which you are seeking a therapy dog and what your connection is to that community. Attach additional sheets if necessary.

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Please describe, as specifically as possible, how a therapy dog will assist that community. Attach additional sheets if necessary.

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

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Are there any issues of which you are aware that would prevent or hinder the members of that community from seeking a service dog to assist the members with any mental health and/or psychological needs? Please be as specific as possible. Attach additional sheets if necessary.

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Please describe, as specifically as possible, your current schedule of involvement with that community, how long that schedule has been in place and your expectations for your schedule going forward. Attach additional sheets if necessary.



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Please describe, as specifically as possible, what your and the therapy dog's schedule will be and the regularity and duration of visits with that community, including what level of engagement there will be with the members of that community.

Attach additional sheets if necessary.

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Please describe, as specifically as possible, how long you have been involved with that community and your intentions with the therapy dog if you cease being involved with that community. 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 present situation and the needs of the community for which I am seeking a therapy dog. I understand that failure to give complete information or falsification or misrepresentation of information may prevent me from receiving a therapy dog or may cause me to lose a therapy dog if one is awarded to me. I agree to surrender any 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 therapy dog, will not be released to any person or outside agency without my written consent.

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

\_\_\_\_\_  
Date

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



**SUPERVISOR STATEMENT OF SUPPORT**

(to be completed by the supervisor of the community that will benefit from the therapy dog)

I hereby confirm that \_\_\_\_\_ (the "Applicant") is involved with  
\_\_\_\_\_ (the "Community"),  
which is an organization at which I am a supervisor.

I acknowledge that I support the Applicant seeking a therapy dog to benefit the Community and that I believe the Community would benefit from a therapy dog for the following reasons (please attach additional sheets if necessary):

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\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Supervisor

\_\_\_\_\_  
Employer Name

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

\_\_\_\_\_  
Office Phone Number



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

Dogs Helping Heroes, Inc. ("DHH") has established minimum standards for therapy dog teams (*e.g.*, the applicant and his or her 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 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, including 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 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. Be responsible for all costs and expenses for my therapy dog, including satisfying all of the standards set forth herein.
2. Microchip my therapy dog and update the address of the microchip promptly if I relocate.
3. Register / license my therapy dog with base animal control.
4. Never allow any other animal to wear my therapy dog's vest.
5. Not allow anyone other than me to handle my therapy dog in public.
6. Never leave my therapy dog outside or inside on a tie out, leash, dog run, chain or any other method where the therapy dog is unattended. I agree that the only time my therapy dog will be allowed off leash while outside my home is in a fenced in and human supervised setting.
7. Keep my therapy dog secure in a crate of proper size for my therapy dog's size if I ever need to leave my home without taking my therapy dog with me.



8. Board my therapy dog at a professional kennel, boarding facility or veterinarian if I ever need to leave my therapy dog at home for more than one day at a time.
9. If I ever take my therapy dog to a dog park, I will only take my therapy dog to dog parks that check all dogs' vaccination records and monitor for aggressive dog behavior. In addition, I will limit my therapy dog's interaction to smaller groups of dogs and will closely monitor my therapy dog's behavior.
10. Take my 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 therapy dog.
12. Take my therapy dog to a veterinarian within twelve hours of the dog displaying any signs of illness or lethargy.
13. Play with my 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**

**I will practice commands and training with my therapy dog on a daily basis to make sure my therapy dog continues to meet the following standards:**

1. Perform at least two interactive skills that facilitate assistance to identified visitors.
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 therapy 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 therapy dog humanely.
3. Be consistent in responding to and giving commands.
4. Practice commands and training with my therapy 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**



**I agree to consistently ensure that my therapy dog:**

1. Does not solicit attention from strangers without being directed to do so by me.
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 therapy 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 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 therapy dog and animal control and/or law enforcement where my therapy dog is alleged to have done something wrong, aggressive or potentially unlawful.
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 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 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 my and my 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 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 therapy dog, I agree to financially reimburse DHH for the total cost DHH incurred in connection with my therapy dog, including, without limitation, for training my therapy dog, in obtaining the surrender of my 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 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.

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Applicant's Signature

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Date

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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.

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

**Instructions to Respondent completing the form:** The above-named individual is applying to get a 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 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. Do 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 therapy dog? Yes \_\_\_\_; No \_\_\_\_ . Explain:\_\_\_\_\_

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

7. Do you believe this applicant has the ability to provide for the emotional needs of a therapy dog? Yes \_\_\_\_; No \_\_\_\_ . Explain:\_\_\_\_\_

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

8. Do you believe this applicant has the ability to work safely in public with a 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 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: [dogshelpingheroes@gmail.com](mailto:dogshelpingheroes@gmail.com).*





## 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.

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

**Instructions to Respondent completing the form:** The above-named individual is applying to get a 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 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. Do 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 therapy dog? Yes \_\_\_\_; No \_\_\_\_ . Explain: \_\_\_\_\_

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

7. Do you believe this applicant has the ability to provide for the emotional needs of a therapy dog? Yes \_\_\_\_; No \_\_\_\_ . Explain: \_\_\_\_\_

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

8. Do you believe this applicant has the ability to work safely in public with a 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 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: [dogshelpingheroes@gmail.com](mailto:dogshelpingheroes@gmail.com).*



### 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.

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

**Instructions to Respondent completing the form:** The above-named individual is applying to get a 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 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. Do 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 therapy dog? Yes \_\_\_\_; No \_\_\_\_ . Explain:\_\_\_\_\_

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

7. Do you believe this applicant has the ability to provide for the emotional needs of a therapy dog? Yes \_\_\_\_; No \_\_\_\_ . Explain:\_\_\_\_\_

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

8. Do you believe this applicant has the ability to work safely in public with a 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 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: [dogshelpingheroes@gmail.com](mailto:dogshelpingheroes@gmail.com).*



## **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 who 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.

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Signature of Applicant

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Date

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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 therapy dog.

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Signature of Applicant

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Date

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Printed Name of Applicant