



**PATRIOTPAWS**  
SERVICE DOGS

Application for Service Dog  
Patriot PAWS Service Dogs  
245 Ranch Trail  
Rockwall, Texas 75032  
Training Center: 972-772-3282  
Fax: 972-772-5757  
Email: [patriotpaws@aol.com](mailto:patriotpaws@aol.com)  
[www.patriotpaws.org](http://www.patriotpaws.org)

The mission of the Patriot PAWS Service Dogs organization is to train and provide service dogs for the benefit of disabled American Veterans in order to help restore their physical and emotional independence.

*Patriot PAWS Service Dogs was founded on the belief that being involved in the process makes the end result much more rewarding. We also believe that bridging the gap between dependence and freedom with the use of a specially trained service dog is priceless.*



## **Application Process for Veterans with Mobile Disabilities**

1. Download the application from the web site [www.patriotpaws.org](http://www.patriotpaws.org) and make a hard copy for completion.  
Please print clearly with blue or black ink.
2. Complete the Personal Information part of the application and submit it to Patriot PAWS Service Dogs at 245 Ranch Trail, Rockwall, TX 75032.
3. The Medical History part of the application is to be completed by the primary care physician and sent directly to Patriot PAWS Service Dogs at 245 Ranch Trail, Rockwall, TX 75032.
4. Two letters of recommendation are required from an outside source other than a relative.
5. When all parts of the application form have been received, the application will be reviewed by the Patriot PAWS Selection Committee. A representative of Patriot PAWS will contact the veteran to clarify any committee issues and answer any questions the veteran may have about the program. Please note, your branch of service, term of service and rank are for informational purposes only and are not factors used to determine your eligibility for a Patriot PAWS Service Dog.
6. After application review, a Patriot PAWS facility visit is required, if accepted, the veteran will receive a formal letter of approval.
7. Once accepted and a service dog is matched to the veteran, the veteran must be financially able to maintain his/her functional lifestyle during the transitional training phase with the service dog (approximately 7-10 days). Patriot PAWS does not provide such things as attendant care, transportation, etc., during this period.
8. Questions regarding this process may be submitted via Email to Patriot PAWS at [patriotpaws@aol.com](mailto:patriotpaws@aol.com).
9. Patriot PAWS reserves the right to decline an applicant for a service dog at any time during the application, training or in-home evaluation periods.



**PATRIOTPAWS**  
SERVICE DOGS

## Patriot PAWS Service Dog Application

### Personal Information

Today's Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender (Circle) M F Height \_\_\_\_\_ Weight \_\_\_\_\_ Marital Status \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ AW2: (Circle) Y N

Nearest Relative: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



# PATRIOTPAWS

SERVICE DOGS

## Veteran Status

Date of Disability: \_\_\_\_\_ Active Duty Injury (Circle) Y N

Define Disability

---

---

---

---

---

---

---

---

---

---

Cause of Disability

---

---

---

---

---

---

---

---

---

---

Define Specific Need for a Service Dog

---

---

---

---

---

---

---

---

---

---



# PATRIOTPAWS

SERVICE DOGS

## Strength Assessment

Rate your physical strength on a scale of 1-10.

1 = Least and 10 = Most

Right Arm \_\_\_\_\_ Left Arm \_\_\_\_\_

Right Leg \_\_\_\_\_ Left Leg \_\_\_\_\_

Upper Body \_\_\_\_\_

## Equipment Required

Please check equipment you use:

Wheelchair:    Manual    ( )                      Power    ( )                      Both    ( )

Crutches    ( )    Hearing Aid ( )                      Cane    ( )                      Prosthesis ( )

Wrist Braces ( )    Walker    ( )                      Leg Brace ( )                      3Wheel Electric Scooter ( )

Other (specify) \_\_\_\_\_

## Home Environment

Names and ages of people living in the home and/or taking care of the disabled veteran on a daily basis

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Pets (specify) \_\_\_\_\_

Fenced Back Yard (Circle) Y N

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PATRIOTPAWS**  
SERVICE DOGS

**Media Release Statement**

Patriot PAWS Service Dogs periodically uses electronic and traditional media (e.g. photographs, video, audio, footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to Patriot PAWS and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration for me.

I understand that I will need to notify Patriot PAWS Service Dogs if any changes to my situation occur that will impact this media release permission.

**I have read the above release and am aware of its contents.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

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



## ACKNOWLEDGEMENT

Patriot PAWS Service Dogs is a non-profit organization and relies on donations in order to place our service dogs. It takes approximately 1 to 2 years to train a service dog at a cost of \$20,000-\$30,000; consequently, Patriot PAWS must have the best interest of the service dog in mind when placing that service dog with an applicant.

Therefore, Patriot PAWS Service Dogs reserves the right to deny an applicant at any stage of the process of acquiring a Patriot PAWS service dog.

Additionally, if the recipient should pass away within the first three (3) years of the service dog's placement, the service dog must be returned to Patriot PAWS within thirty (30) days.

While Patriot PAWS does not anticipate any of the above-mentioned problems, we must inform all applicants of these possibilities.

Signed \_\_\_\_\_

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

Date \_\_\_\_\_

Witness \_\_\_\_\_

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

Date \_\_\_\_\_



## **Patriot PAWS Background for Medical Professional**

### **Patriot PAWS History**

The mission of the Patriot PAWS Service Dogs' organization is to train and provide service dogs for the benefit of disabled American Veterans in order to help restore their physical and emotional independence.

Patriot Paws was officially designated as a 501 (c) (3) nonprofit organization in February 2006 and is a certified member of Assistance Dogs International (ADI). Lori Stevens is the founder of Patriot PAWS Service Dogs and is a Certified Pet Dog Trainer (CPDT). Lori has worked and volunteered for several dog training organizations, including Lone Star Assistance Dog Service and Texas Hearing and Service Dogs.

### **Service Dog Assistance**

Most service dogs are donated by recognized breeders or selected from local animal shelters or rescue groups. Once fully trained, service dogs are able to assist veterans that have mobile disabilities to accomplish daily tasks that would otherwise be difficult or impossible.

Each dog is customized to the individual needs of the owner. Patriot PAWS is committed to working together with veterans and their service dogs as they learn to work as a team, to increase self-sufficiency. The dogs are trained to perform many services including but not limited to:

- Get help in emergencies
- Pick up and retrieve items
- Open and close doors and cabinets
- Pull wheelchairs
- Provide bracing to stand, walk, and sit down
- Help with chores, such as laundry
- Take shoes and socks off
- Emotional Stability

Since many disabled veterans suffer from Post Traumatic Stress Disorder along with depression, the service dog plays a crucial role in the emotional stability of the veteran; which results in lifelong companionship. Some dogs are trained specifically for this purpose.



# PATRIOTPAWS

SERVICE DOGS

## Medical History

To be completed by Primary Care Physician and returned directly to Patriot PAWS

### Physician's Release:

Name of Doctor \_\_\_\_\_

Please release the requested medical information regarding my condition to Patriot PAWS Service Dogs. The information will be used to help the organization determine my abilities to obtain a service dog. Thank you.

Applicant Name (please print)

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Physician Contact Information:

Doctor/Therapist Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Patient Status:

Define primary disability:

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

Cause of disability:

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



# PATRIOTPAWS

SERVICE DOGS

Are there significant secondary disabilities? \_\_\_\_ If yes, please describe:

---

---

---

---

At what age was the patient disabled? \_\_\_\_ Is the disability progressive? (Circle) Y N

Is there incapacity due to drug or alcohol abuse? (Circle) Y N

### Effects of Veteran's Disability (Please check all that apply)

- |                           |                       |                      |              |
|---------------------------|-----------------------|----------------------|--------------|
| Muscular Weakness ( )     | Vision Impairment ( ) | Memory Loss ( )      | Hearing ( )  |
| Coordination Problems ( ) | Speech Impairment ( ) | Limited Mobility ( ) | Deafness ( ) |
| Delayed Development ( )   | Reduced Stamina ( )   | Spasticity ( )       | None ( )     |

Other: \_\_\_\_\_

### Patient Side Effects (Please check all that apply)

- |                             |                   |                  |               |           |
|-----------------------------|-------------------|------------------|---------------|-----------|
| Heat/Cold Sensitivities ( ) | Balance ( )       | Depression ( )   | Allergies ( ) | Anger ( ) |
| Heightened Emotions ( )     | Brittle Bones ( ) | Chronic Pain ( ) | Seizures ( )  |           |

### Equipment required (check all that apply)

- |                             |                  |               |          |
|-----------------------------|------------------|---------------|----------|
| Wheelchair:                 | Manual ( )       | Power ( )     | Both ( ) |
| Crutches ( )                | Hearing Aid ( )  | Cane ( )      |          |
| Prosthesis ( )              | Wrist Braces ( ) | Walker ( )    |          |
| 3Wheel Electric Scooter ( ) |                  | Leg Brace ( ) |          |

Other (specify) \_\_\_\_\_



# PATRIOTPAWS

SERVICE DOGS

### Activity of Daily Living (Please check)

	Yes	Slight	No
1. Able to sustain an attention span.	( )	( )	( )
2. Manifesting inappropriate behavior beyond his or her control	( )	( )	( )
3. Able to control physical and motor movement sufficient to sustain ADL	( )	( )	( )
4. Able to exercise judgment to make decisions necessary for ADL	( )	( )	( )
5. Capable of perception and memory to sustain ADL	( )	( )	( )
6. Able to follow directions and learn to a degree necessary for ADL	( )	( )	( )
7. Under medication which impairs physical or mental functioning	( )	( )	( )
8. Capable of decisions concerning self and others' needs and safety	( )	( )	( )

### Overall Patient Assessment:

Would you recommend this individual for a Patriot PAWS service dog? (Circle) Y N

Do you think Patriot PAWS would benefit from a consultation with you to help facilitate placement of a service dog for this patient? (Circle) Y N

Do you think this individual has the ability to care for a dog or implement the help necessary to care for a service dog? (Circle) Y N

Additional comments/observations:

---



---



---



---

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return the completed Medical History forms to:

Patriot PAWS Service Dogs  
 245 Ranch Trail  
 Rockwall, TX 75032  
 Training Center: 972-772-3282  
 Fax: 972-772-5757  
 Email: [patriotpaws@aol.com](mailto:patriotpaws@aol.com)