

Working Dogs For Vets Application:  
Email

Are you a U.S. Veteran?

Yes

No

Veteran Section

Do you have a military affiliation?

Yes

No

What branch of service?

Army

Marine

Navy

Air Force

Coast Guard

Space Force

Other

Highest rank

Campaign

Cold war

Desert Shield

Grenada

Operation Enduring Freedom

Vietnam/SE Asia

Korea

Operation Iraqi Freedom

Panama WWII

None

Other

Are you Active duty?

Yes

No

Are you discharged from the military?

Yes

No

Discharged Date

Character of Service

Active Duty

Dishonorable

General

Honorable

Less than Honorable

Medical

Uncharacterized

Under Honorable Conditions (General)

Were you injured while you were serving in the military?

Yes

No

Was your injury combat related?

Yes

No

Please describe your disability or facility needs, including information about its onset and prognosis. Specifically, what are your limitations?

Do you have a dog you want to train as your service dog? (Dog's Name Only)

If you do not have a current dog that you would like to train, please select the first option (/)

/

Other

Non-Veteran

Please note that combat veterans take priority however we may be able to still help if you are one of the following.

American Gold Star Mother

Gold Star family member

Police officer

Spouse of a veteran

1st responder

Contact information + Info about me

1st Name

Last Name

Phone #

If you change your phone number you MUST notify W.D.F.V. immediately as to your new phone number.

Street Address

City

State

Zip

County

Emergency Contact

Who can we reach out to in the event of an emergency? What is their relationship to you?

Emergency Contact Phone Number

Your age

Date of birth

Gender

Male

Female

Height

Weight

Are you employed?

Yes

No

Occupation?

Please include: occupation name, how many hours daily/weekly do you work, and normal work activities?

Do you attend school?

Yes

No

School Information:

Please provide: how many hours daily/weekly and normal activities at school.

When was the last time you owned a dog?

What type of service dog would meet your needs?

PTSD and or MST Psychiatric assistance Service Dog

TBI Service Dog

Mobility support service dog

Seizure Response Dog

Diabetic Response Dog

Hearing assistance service dog

Please explain why you want a service dog

What needs or services do you feel a service dog will provide for you?

With help and support do you feel that would you be you able to train your dog?

Yes

No

How many hours a day will your service dog be alone?

Hours per day

How much do you think it costs for the care of a service dog?

Monthly

Yearly

Do you feel that you can afford to pay these costs?

Yes

No

Have you ever been convicted of a felony?

Yes

No

Have you ever been convicted of any crime against animals.

Yes

No

How often do you drink alcohol?

Never

Every day

3 to 5 times a week

One a week

Only on weekends

On special occasions

I have a dog for an assessment that I think can become my service dog

Your potential service dog's information

Please provide your dogs breed, age, and gender.

Do you currently have a veterinarian?

Yes

No

Is the dog spayed/neutered

It is Working Dogs For Vets policy that all dogs will be fixed before the dog will receive certification.

Yes

No

Does your dog have a microchip, if so what is the number?

Your dog will be required to have a Micro Chip and the chip number will need to reported to WDFV Headquarters

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Have you ever owned a dog before?

Yes

No

Home

Information about your home, what type is it?

Apartment

Condo

House

Other

Do you rent or own your home?

Rent

Own

Do you have a fenced-in yard?

Yes

No

If yes, what is the height size and type of fence?

If no fenced-in yard, do you have an area in mind to exercise your dog?

Yes

No

Who else lives in your home?

Please provide: Names, relationships, and ages of all in house hold below:

Does everyone in your household agree about you getting a service dog?

Yes

No

Do you have any other animals in your home?

If yes, please list below and include: dog, cat, other, and if they are spayed/neutered.

Agreement

That there is a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8-10 years? Yes or No, if no please explain.

Yes

No

You agree to: attend to daily training and care, to attend training classes with your dog, to provide your dog with appreciation and respect by making time to bond with your service dog each day, to provide daily exercise and play, to practice the dogs skills and obedience regularly, to maintain the dog's proper behavior in public and at home, to keep the dog well groomed and well cared for, to arrange for prompt clean up of dog's waste, to practice preventative health care for the dog, and to obtain annual health checks and vaccinations for the dog.

Yes

You understand and agree that you must: carry proper identification and be aware of all applicable laws pertaining to assistance dogs, to abide by all leash and license laws, that a W.D.F.V. dog spends most of their time with their partner at home and at work, at school, social events, and vacations if he/she is certified for public access, that no W.D.F.V. dog will be in a yard or kennel for long periods of time, that a W.D.F.V. dog is not a family pet - he/she has a specific function in their handler's life, that W.D.F.V. dogs cannot be allowed off leash except in a secure area, and that exercise and elimination must be done on leash, or in a fenced yard, or dog run.

Yes

Program supplies: Enrollment certificate, ID Badges, and Embroidered Patch's are property of W.D.F.V. If at any time you are not following program rules, regulations, or agreement's, W.D.F.V. and or W.D.F.V. Volunteers have the right to remove these from you and you will be terminated from our program. You agree that a service dog is a lifelong commitment, and that as your needs change your service dog may need additional training. You agree that the service dog is never to be given away, or sold!

Yes

If a W.D.F.V. volunteer is finding a dog for you, they may need to share some information from this application with the shelter. We need to verify that you understand our policy and procedure in order for us to assist you in finding a dog suitable to your needs.

Yes

I agree that by participating in the No Veteran Left Behind Program, when I present my Id, certification, or when my dog is wearing a W.D.F.V. Logo, that I am representing W.D.F.V. and that both myself and my dog are ambassadors for Working Dogs For Vets, as well as the entire assistance dog industry and I will be expected to maintain my dogs appearance and manners, as well as my handling skills. When taking my dog into public, my dog will be well groomed. My dog will be properly house trained, but in the event of an accident I will arrange for prompt cleanup of my dogs waste. My dog should

not, growl or show any aggression. I will abide by all leash and license laws. There will be no jumping up or causing distractions. If someone asks about my dog I will be courteous. In the event that I am asked to leave or denied access, I agree to remain calm show my I.D. and the law on the back of the card, if necessary I will contact proper authorities, leaving the premises immediately. Making sure to get a copy of the report and contact W.D.F.V. so that we can assist you in filing a complaint with the A.D.A. I understand this is not a replacement for therapy or doctor visits, I agree to continue to take my medications and follow all doctor/therapist's orders. I agree to make the transaction of my service dog into my community as easy as possible. This is done by handing out brochures and informing the places that I usually attend about my new service dog. I agree to make all appointments with my volunteer trainer and to listen to all instructions. In the event that I need to cancel with my volunteer, I must be courteous and give proper notice and reschedule. I agree while training my dog, that the dog will not be harmed as I will remain patient, remembering that tomorrow is another day, I will put my dog up if I am angry or annoyed. I agree that my dog will be spayed or neutered, and shots & vet records will be kept up to date. I agree that if I feel I am capable of hurting the dog I will contact W.D.F.V. & assist in finding the dog a new home. I agree that no matter how friendly my dog is that I will always watch him/her around children, adults, & other animals. Always remembering that my dog is still a dog. I agree to hold harmless Working Dogs for Vets, & all volunteers as a whole or individual from any mental/ physical injury to myself and others. Including property damage, weather it be people, property, or any other type of damage caused by myself or the dog. As your doctor recommended for you to have a service dog, we will need to have a copy of your recommendation on file. That if I am not mentally or physically capable of participating in the program, or if a Doctor/therapist recommends I do not participate in the program I will quit effective immediately. I hereby swear that all information given to W.D.F.V. is true and accurate. I hereby swear to help any veterans in need when able to do so without questioning how or why the circumstances require my help. As my knowledge increases in training dogs, I agree to share that knowledge with other veterans in need of a service dog. I agree that if I decide to give up the ownership of the dog at any time or for any reason W.D.F.V. must be consulted. I am prohibited from giving away or selling a service dog to any other party unless specifically consented to do so by W.D.F.V. W.D.F.V. requests voluntary agreement to use photographs, video's or testimonials to utilize in marketing materials, fundraising efforts, & or public relations. As I pledged an oath as I went into the military, I now swear a new pledge & a new oath that No Veteran is Left Behind. I am now obligated to follow all agreement rules & regulations.

Yes



Do you have a criminal background, including but not limited to felonies, misdemeanors, arrests, charges or convictions?

Yes

No

If yes please explain

### Working Dogs For Vets conducts Background Checks

To ensure the safety of staff, clients and volunteers, Working Dogs For Vets performs criminal background checks and public domain internet searches as part of the application process. Working Dogs For Vets will not request access to non-public social media. Before completing a criminal background check, you would be required to provide consent.

Do you authorize and give consent to Working Dogs For Vets to preform a background check?

Yes

Is there anything else you would like to add to your application?

We will need a doctor's recommendation letter filled out. Do you agree to bring this letter to your doctor?

Yes

By signing below I acknowledge that I have read the application and answered all questions truthfully to the best of my ability. I understand that Working Dogs for Vets reserves the right to deny service to an applicant for any reason, including but not limited to failure to meet the established criteria for receiving a service dog or right to remove a program service dog from a home at any time for mistreatment/neglect or inappropriate match. I do hereby agree to hold free from any and all liability Working Dogs for Vets/ Partners its members and officers. I declare myself to be physically sound to participate with Working Dogs for Vets. My family, members of my household and myself wave the rights and claims for damages & injuries, which may come from my connection & participation with Working Dogs for Vets. All applicants will be considered regardless of race, sex, religion, creed, sexual orientation and ethnic origin.

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## WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury that exists while participating in WORKING DOGS FOR VETS (hereinafter the "Activity"); and

In consideration of my desire to participate in said Activity and being given the right to participate in same;

I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge WORKING DOGS FOR VETS, located at 3138 Buffalo Rd, Lawrenceburg, Tennessee 38464, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I further agree to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I further acknowledge that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize WORKING DOGS FOR VETS to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially

responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I further acknowledge that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the WORKING DOGS FOR VETS official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE WORKING DOGS FOR VETS AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST WORKING DOGS FOR VETS FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of WORKING DOGS FOR VETS, its agents, and employees.

I agree that this Release shall be governed for all purposes by Tennessee law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

This agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, \_\_\_\_\_ and WORKING DOGS FOR VETS agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be

determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact

Contact Relationship

Contact Telephone

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:

Participant's Address:

Signature:

Date:

Return to Working Dogs For Vets 3138 Buffalo Rd. Lawrenceburg, TN 38464  
Or scan and email to [support@workingdogsforvets.org](mailto:support@workingdogsforvets.org)

