



PSD Academy & Registry

PO Box 241
Sharpes, FL 32959
Telephone: (800) 573-0150
Email: psdapplication@gmail.com
Website: www.pawsofmind.org



APPLICATION
PERSONAL INFORMATION

NAME: _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL: _____

ADDRESS: _____

MARITAL STATUS: _____ SEX: _____ AGE: _____

CHILDREN'S AGES AND SEX: _____

REFERNCES: _____

UNIT (N/A IF NON MILITARY): _____ RANK (N/A IF NON MILITARY): _____

INJURIES: _____

DIAGNOSIS: _____

DIAGNOSING DOCTOR: _____

DOCTOR'S ADDRESS: _____

DOCTORS PHONE: _____

I AM CURRENTLY: NON- MILITARY / ACTIVE DUTY / RETIRED / DISCHARGED (TYPE _____)
UNEMPLOYED / EMPLOYED (JOB TITLE _____) / ON DISABILITY

EMERGENCY CONTACT INFO: _____

YOU WILL NEED TO PROVIDE A LETTER FROM YOUR DIAGNOSING MENTAL HEALTH DOCTOR
STATING THAT THEY SUGGEST A SERVICE DOG. CAN YOU PROVIDE THIS: Y OR N
ATTACH LETTER TO YOUR APPLICATION WHEN YOU SEND IT IN

HAVE YOU BEEN CONVICTED OF A NJP, COURT-MARTIAL, MISDEMEANOR, OR FELONY: Y OR N
PLEASE EXPLAIN: _____

HOW DID YOU HEAR ABOUT US: _____

WILL YOU BE ABLE TO HELP WITH FUNDRAISING OR SPONSORSHIP TO CONTRIBUTE TO THE COST OF YOUR
SERVICE DOG, TRAINING, SUPPLIES, EQUIPMENT, ETC? Y OR N
**SERVICES ARE FREE TO THE INDIVIDUAL AND FAMILY; HOWEVER, WE WILL NEED YOUR ASSISTANCE IN RAISING
THE FUNDS TO COVER THE COSTS ASSOCIATED WITH YOUR SERVICE DOG EXPENSES.**

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____



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LIVING SITUATION AND DOG REQUEST

I RESIDE IN: PRIVATE HOME / BASE HOUSING / BARRACKS
APARTMENT / WOUNDED WARRIOR BARRACKS / OTHER _____

YARD: FENCED / UNFENCED PREVIOUSLY OWNED DOG(S): Y OR N

BREED(S): _____

CURRENTLY OWN DOG(S): Y OR N BREED: _____ AGE/SEX: _____

CURRENTLY OWN OTHER ANIMALS: Y OR N SPECIES: _____

PREFERED BREEDS

1ST CHOICE: _____ 2ND CHOICE: _____

3RD CHOICE: _____ 4TH CHOICE: _____

MY HOUSEHOLD ACTIVITY LEVEL IS: HIGH / MEDUIM / LOW

IF ACCEPTED, I WILL NEED A DOG THAT CAN HELP WITH MOBILITY ASSISTANCE (GETTING UP AND DOWN AND BEING ABLE TO HOLD SOME OF MY WEIGHT IF I GET DIZZY, LIGHT HEADED, LOSE MY BALANCE, OR FALL: Y OR N

I NEED A DOG THAT CAN REMIND ME TO TAKE MEDICATIONS: Y OR N

(INITIAL): I AGREE TO MAINTAIN PROPER CARE OF MY SERVICE DOG SUCH AS: FEEDING, WATERING, KEEPING SHOTS UP TO DATE, REGULAR WALKS, BATHS, TAKING THE DOG TO THE VET FOR ILLNESS AND ANNUAL CHECK UPS. I AGREE TO MICROCHIP MY SERVICE DOG. I AGREE TO REGISTER MY SERVICE DOG WITH BASE ANIMAL CONTROL. I AGREE TO MAINTAIN INSURANCE FOR MY SERVICE DOG THROUGH MY HOME OWNERS, RENTERS, OR A PRIVATE INSURANCE POLICY AND PROVIDE DOCUMENTATION SHOWING THE POLICY. IF AT ANY TIME I AM UNABLE TO MEET THE NEEDS OF THE DOG, I WILL NOTIFY PSD REGISTRY AND TURN THE DOG IN TO PSD REGISTRY. I WILL NOT GIVE MY DOG AWAY OR TAKE HIM/HER TO A SHELTER. IF THERE WERE TO BE ANY INCIDENT INVOLVING ANIMAL CONTROL, HOUSING, OR POLICE SUCH AS (BUT NOT LIMITED TO) A DOG BITE; I WILL NOTIFY PSD REGISTRY WITHIN 24 HOURS. I AGREE TO SURRENDER VEST/ID CARDS IMMEDIATELY FOLLOWING INCIDENT PENDING INVESTIGATION. UPON COMPLETION OF INVESTIGATION, I UNDERSTAND THAT IF I AM FOUND IN VIOLATION THE DOG WILL BE REMOVED IF IT IS A DOG PROVIDED BY PSD REGISTRY, OTHERWISE THE DOG'S SERVICE DOG TITLE AND SUPPLIES WILL BE REVOKED. I AGREE TO PERSONALLY ACCEPT ALL RESPONSIBILTY AND LIABILITY OF MY AND MY SERVICE DOGS ACTIONS. AT NO TIME WILL I USE MY SERVICE DOG VEST ON ANY OTHER DOG OTHER THAN MY PSD REGISTRY DESIGNATED SERVICE DOG. AT NO TIME WILL I ALLOW ANYONE, INCLUDING FAMILY, TO HANDLE MY SERVICE DOG OUTSIDE THE HOME. AT NO TIME WILL MY SERVICE DOG BE ALLOWED OFF LEASH WHILE OUTSIDE MY HOME. IF AT ANYTIME I DO NOT FOLLOW ALL RULES AND GUIDELINES, I AGREE TO SURRENDER SERVICE VEST, ID CARDS, AND BE REMOVED FROM THE PSD REGISTRY SERVICE DOG PROGRAM. I AGREE TO NOT ABANDON OR GIVE AWAY MY SERVICE DOG.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____



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**IN YOUR OWN WORDS PLEASE EXPLAIN WHY YOU NEED A SERVICE DOG/
HOW OWNING A SERVICE DOG WILL IMPROVE YOUR LIFE:** _____

**IN YOUR OWN WORDS PLEASE EXPLAIN WHAT YOU WANT YOUR SERVICE DOG TO
BE ABLE TO DO FOR YOU:** _____

**BY SIGNING BELOW YOU AGREE TO MEET THE MINIMUM REQUIREMENTS OF:
INITIAL 2 FULL WEEKS TRAINING COURSE AT OUR LOCATION
12 MONTHS OF MONTHLY PROGRESS VIDEO SUBMISSIONS
1 FINAL FULL WEEK AT OUR LOCATION FOR TESTING AND GRADUATION**

**DO YOU AGREE TO MEET THESE REQUIREMENTS: YES OR NO
IF REQUIREMENTS ARE NOT MET AND MAINTAINED, IT WILL RESULT IN REMOVAL OF YOUR SERVICE
DOG ID'S AND VEST, REMOVAL OF SERVICE DOG (IF PROVIDED BY US), AND/OR REMOVAL FROM PROGRAM.**

PRINTED NAME: _____ **DATE:** _____

SIGNATURE: _____





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APPLICATION

COMMANDING OFFICER APPROVAL FOR ACTIVE DUTY SERVICE MEMBERS

THIS SERVICE MEMBER HAS MET ALL MEDICAL REQUIREMENTS TO BE ACCEPTED INTO OUR PROGRAM. THE SERVICE MEMBER IS RESPONSIBLE FOR HIS OR HER OWN SERVICE DOG AND MEETING ALL TRAINING AND PROGRAM REQUIREMENTS. THE SERVICE MEMBER AND SERVICE DOG MUST ATTEND A CONSECUTIVE 2 WEEK LONG TRAINING COURSE AS WELL AS AN ADDITIONAL WEEK LONG COURSE FOR GRADUATION 12 MONTHS LATER.

BEFORE THE SERVICE MEMBER/SERVICE DOG TEAM IS GRANTED A SERVICE VEST AND ALLOWED INTO PUBLIC OR ANY WORK SETTING, THEY MUST COMPLETE THE AKC CANINE GOOD CITIZEN TEST, ADVANCED OBEDIENCE, OFF LEASH TRAINING, PUBLIC ACCESS TEST, AND SERVICE TASK TRAINING.

WE ASK THAT YOU GRANT PERMISSION FOR THIS SERVICE MEMBER TO JOIN OUR PROGRAM. BY SIGNING BELOW YOU ARE AGREEING TO ALLOW THEM TO MEET ALL THE AFOREMENTIONED REQUIREMENTS.

COMMANDING OFFICER SIGNATURE: _____

PRINTED NAME: _____ **DATE:** _____

BATALLION COMMANDING OFFICER SIGNATURE: _____

PRINTED NAME: _____ **DATE:** _____

C.O. PHONE: _____ **BATALLION C.O. PHONE:** _____

C.O E-MAIL: _____ **BATALLION C.O. E-MAIL:** _____

C.O. MAILING ADDRESS: _____





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APPLICATION

CHECKLIST

BEFORE MAILING IN YOUR APPLICATION, CHECK OFF THE FOLLOWING ITEMS TO MAKE SURE YOU HAVE COMPLETED ALL THE FORMS AND INCLUDED ALL THE NEEDED DOCUMENTS:

- _____ 4 PAGE APPLICATION FILLED OUT **COMPLETELY** INCLUDING C.O. INFO IF ACTIVE DUTY MILITARY
- _____ COPY OF THE DOCTORS SERVICE DOG RECOMMENDATION LETTER ON LETTER HEAD
- _____ COPY OF YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD
- _____ PHOTOS OF YOUR RESIDENCE AND YARD (FRONT, BACK, INTERIOR)

IF APPLYING TO USE YOUR CURRENT DOG, ALSO INCLUDE THE FOLLOWING DOCUMENTATION:

- _____ COPY OF VACCINATION RECORDS FOR PAST 3 YEARS INCLUDING RABIES VACCINE
- _____ COPY OF MICROCHIP PAPERWORK IF MICROCHIPPED
- _____ COPY OF REGISTRATION PAPERWORK FROM BASE ANIMAL CONTROL IF MILITARY
- _____ LETTER FROM YOUR VETERINARIAN CLEARING YOUR DOGS HEALTH FOR SERVICE WORK