



## SOCIAL COMPANION/ADOPTION DOG APPLICATION

At Patriot PAWS Service Dogs, we strive to place service dogs of the highest quality with disabled Veterans. As a result, of these high expectations, some of the dogs are not able to complete the program to become a Certified Service Dog. These dogs are transitioned into different capacities—some receive a “career change” and become therapy dogs or work in law enforcement, others become working social companions and still other become wonderful family pets. These dogs have been through some of the same, exceptional, training as all Patriot PAWS service dogs, but due to: medical, behavioral, or temperamental reasons, they do not meet the standards for becoming a certified service dog.

If you are thinking of adopting one of our lovable dogs as a family pet, please consider the following:

- Patriot PAWS Service Dogs acquires dogs from a variety of sources. These include, but not limited to: breeders, rescues, donations, and shelters. Consequently, some of our dogs are purebred while others are mixed breeds.
- The dogs that are offered for adoption may have some type of medical, behavioral, or temperamental problem. These issues will be disclosed to you before the adoption takes place.
- Upon adopting a Patriot PAWS dog, you will receive a description of the cues he/she has been taught. If you are receiving this dog as a social companion that will be working in the home for you we ask that you work with trainers for a few hours to receive the training that you need to understand how the dog could be of use to you.
- We review all applications received. Dogs are paired with families based on the information provided in your application and on an evaluation our trainers will perform. This information will allow us to find the best match for our dogs and your family.
- Patriot PAWS reserves the right to deny an applicant based on information provided to us about a potential adopter or adoptive home. You will be notified, in writing, if your application is denied.
- Dogs adopted from Patriot PAWS are adopted out as companions only. The person adopting the dog agrees to assume all responsibility and liability for the dog, and will not take the dog in public as a service animal in any way or form.

If you are interested in adopting one of our dogs as a Social Companion Dog, please fill out the application. After we receive your application, you will be placed on our current list of applicants. You will receive an e-mail or phone call once a suitable match is determined. You are welcome to e-mail or call to check on the status of available dogs.



**PERSONAL INFORMATION**

**This application must be filled out in its entirety before submission.**

Name (Last, First, MI): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ (MM/DD/YYYY)

Phone (Home): (\_\_\_\_) \_\_\_\_\_ Phone (Cell): (\_\_\_\_) \_\_\_\_\_ Text: Y or N

Email: \_\_\_\_\_

Have you served in the military? Y or N (If yes, please attach a copy of DD-214 and/or NGB-22).

Branch of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Rank (at discharge): \_\_\_\_\_ Pay Grade: \_\_\_\_\_

Medals, Awards, Honors, Tours, or anything you would allow us to include in your story: \_\_\_\_\_

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

Please tell us why you would like to adopt a Patriot PAWS dog: \_\_\_\_\_

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Do you have any experience with dogs? Y or N If yes, please explain: \_\_\_\_\_

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Please tell us any other information you would like us to know when considering placing a Patriot PAWS dog in your home: \_\_\_\_\_

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Where/How did you hear about Patriot PAWS Service Dogs? \_\_\_\_\_

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## HOME ENVIROMENT

Where do you currently reside?  House  Duplex  Apartment  Condo  Other: \_\_\_\_\_

If renting your home, do you have written permission from your landlord to own a dog? *You will be asked to provide proof of written permission before adoption is completed.* Y N N/A

How many people live in your household? \_\_\_\_\_

Name	Gender	Age

*\*attach more, if needed, on separate page\**

Other than the children residing in your home, will the dog be exposed to children on a regular basis?

Y N N/A If yes, please explain: \_\_\_\_\_

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Do you have a fenced-in yard? Y or N



Who will be the primary care-giver of your Patriot PAWS adopted dog? \_\_\_\_\_

\_\_\_\_\_

Where will your dog be kept during the day? \_\_\_\_\_

\_\_\_\_\_

Where will your dog be kept at night? \_\_\_\_\_

\_\_\_\_\_

## VETERINARIAN

Do you have a Veterinarian? Y or N

If yes, please provide the veterinarian's information below:

Veterinarian Clinic/Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Do you have any disabilities that you believe a dog could help you with in the home? Y or N

If yes, please fill out the following pages to be considered for receipt of a Social Companion Dog.

## MEDICAL STATUS

Disabled: Y or N Date of Disability: \_\_\_\_\_ (MM/DD/YYYY)

Define Disability (please be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cause of Disability (please be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Define specific need for a Companion Dog (please be as specific as possible): \_\_\_\_\_

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Are there any other behaviors that are affecting you negatively, please explain below: \_\_\_\_\_

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## SYMPTOM(S) CHECKLIST

Please check all that apply, if applicable:

- Having nightmares, vivid memories, or flashbacks
- Feeling emotionally cut off from others
- Feeling numb or losing interest in things you used to care about
- Becoming Depressed
- Thinking you are always in danger
- Feeling anxious, jittery, or irritated
- Experiencing a sense of panic
- Sleep difficulties
- Trouble focusing on one thing
- Hard time relating to friends and/or family
- Alcohol/Substance abuse
- Self-Isolation



## EQUIPMENT REQUIRED—please check all equipment you use

- |  |                                   |                                      |   |
|--|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Wheelchair (Manual) | <input type="checkbox"/> Crutches | <input type="checkbox"/> Prosthesis  | <input type="checkbox"/> 3-Wheel Electric Scooter |
| <input type="checkbox"/> Wheelchair (Power)  | <input type="checkbox"/> Cane     | <input type="checkbox"/> Wrist Brace | <input type="checkbox"/> None                     |
| <input type="checkbox"/> Hearing Aid         | <input type="checkbox"/> Walker   | <input type="checkbox"/> Leg Brace   | <input type="checkbox"/> Other: _____             |

## STRENGTH ASSESSMENT—1=LEAST and 10=MOST

Rate your physical strength on a scale of 1 to 10. For example, if you have severe difficulty grasping a tennis ball, please put 1; if you have no difficulty grasping a tennis ball, put 10.

\_\_\_\_ Right Hand \_\_\_\_ Left Hand \_\_\_\_ Right Arm \_\_\_\_ Left Arm \_\_\_\_ Upper Body \_\_\_\_ Back

## MEDIA RELEASE STATEMENT

Patriot PAWS Service Dogs periodically uses electronic, traditional media (i.e. photography, video, audio, testimonial(s) and social media for publicity and/or educational purposes. By my signature, on this form, I acknowledge receipt of this document and give permission to Patriot Paws and its designees to use such reproductions for educational and/or publicity purposes in perpetuity without further consideration for me.

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

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

Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Signatures will be hand signed and not electronically.***