



NAME:	
PHONE:	
DATE:	
APPROVAL	FCVA

## Operation Save-A-Vet, Save-A-Pet Bring Your Own Dog Checklist

<input type="checkbox"/>	DD214 (if applicable)
<input type="checkbox"/>	Drivers License
<input type="checkbox"/>	Car insurance Policy
<input type="checkbox"/>	Copy of Homeowner or Renters Insurance Policy
<input type="checkbox"/>	*If renting: Notarized letter from the landlord saying you can have a service dog/ service dog in training at the residence.
<input type="checkbox"/>	Copy of medical/health insurance for everyone in the home.
<input type="checkbox"/>	Application
<input type="checkbox"/>	Veterinary Records for any current animals in the home.



**FRANKLIN COUNTY**  
**Office of Veterans Affairs**  
**Operation Save-A-Vet, Save-A-Pet**

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**SERVICE DOG TRAINING CLASS APPLICATION**

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**Welcome**

We appreciate your service to our country and interest in our Operation Save-A-Vet, Save-A-Pet Service Dog Training Classes. These training classes are available for veterans with dogs who reside in Franklin County.

Classes will be every \_\_\_\_\_ starting on \_\_\_\_\_ and end on \_\_\_\_\_.

Location **Good Dog** 15271 Williamsport Pike, Greencastle, PA 17225

Time: \_\_\_\_\_ Session I II III (circle one)

Fee: \$50/ per 11 week course (Check or Money Order only payable to Franklin County Veterans Affairs)

Please complete this application and submit to our office for consideration.

Office of Veterans Affairs  
425 Franklin Farm Lane  
Chambersburg, PA 17202  
(717) 263-4326

**Applicant Information**

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

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

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Information**

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Gender:  Male  Female Age: \_\_\_\_\_

Branch of Service:  Army  Navy  Air Force  Marines  Coast Guard

Active Duty  Guard/Reserves  Both Rank: \_\_\_\_\_ Years in Service: \_\_\_\_\_

Race/Ethnicity:  Caucasian  African American  
 Hispanic  Native American  Other: \_\_\_\_\_

## Dog's Information

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Dog's Name: \_\_\_\_\_ Sex: M / F Neutered/Spayed: Y / N

Dog's Breed: \_\_\_\_\_ Dog's age: \_\_\_\_\_

Shot Record: \_\_\_\_\_

**\*ALL DOGS MUST BE CURRENT ON THEIR SHOTS.\***

**Shots include Rabies, Distemper, and Bordetella (kennel cough vaccination). All Puppies must have their second set of Puppy Shots. Franklin County Veterans Affairs Office must have a copy of your dog's shot record from your veterinarian.**

How did you hear about us? \_\_\_\_\_

What do you hope to accomplish in this training course?

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

## Signature

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All information provided is accurate as of the date of this application. I will notify the Franklin County Veterans Affairs Office of any changes. I understand that providing false information will result in disqualification from the training classes indefinitely. I further understand that completion of this application does not guarantee enrollment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)

## Release and Indemnification

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I understand that my attendance in this dog training class is not without risk to myself, my dog, and other class participants (human or canine). These include, without limitation, risks of physical injury, trauma, death, contact with other participants and their dogs and property damage. All risks are known and appreciated by me. I waive any and all specific notice of the existence of the risks. I shall assume and pay my medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses. I agree that I, as owner of the above dog, am solely responsible for the animal's behavior and physical control and agree to carefully monitor and control my dog at all times. By reading, signing, and dating this document, I hereby waive and release Helen Carlson (DBA Good Dog), Franklin County and Franklin County Veterans Affairs Office (hereinafter PARTIES) from any and all damages, losses, fines, claims, suits, expenses (including attorney fees and defense costs), judgments, and/or liabilities of any form or nature resulting from any act or omission of any dog or dog owner participating in the training class. This release of liability includes, but is not limited to, any injury, death, sickness, or personal injury or property damage my pet or I may suffer while on or around the premises where the training is held. This release also includes specifically, but without limitation any and all forms of personal injury (including death) and property damage to myself, other persons, and other animals resulting from the act or omissions of any and all dogs or dog owners, and I expressly assume the risk of such damages or injuries and losses throughout the duration of the training curriculum. I also agree to defend, indemnify and hold harmless PARTIES from any and all claims, suits, losses, damages, expenses (including attorney fees and defense costs) judgments, fines, penalties and/or liabilities, due to any and forms of personal injury (including death), property which my pet or I may cause, or be alleged to have caused, to any person, animal, or property while or around on the premises where the training sessions are carried out, or in connection with the training services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)

Received by Veterans Affairs