



Getting Started

Thank you for your service to our country and for your interest in our curriculum! *All out of state enrollment applications must be sent via mail. Due to the heavy volume of applications received, emailed or faxed enrollment forms from out of state candidates cannot be considered at this time.* Please provide accurate information in this form and return it by mail to:

Paws and Stripes
Attn: Enrollment Department
PO Box 46253
Rio Rancho, NM 87174

Please Advise: Veteran's enrolled in the Paws and Stripes program are required to relocate or commute to Albuquerque/Rio Rancho at least two to three times a week for up to twelve months in order to graduate.

Yes, I have reliable transportation to Albuquerque, NM and my schedule allows me to make multiple weekly appointments throughout my enrollment period. **Please continue to "Request Enrollment" to complete the application.**

No, I am unable to meet the above listed commitment requirements at this time. **STOP! At this time we are not able to assist your needs. Please see our resources page for a list of service dog organizations in your area as well as valuable information regarding service dog training and education. Additionally, feel free to contact us at 505-999-1201x301 with any additional questions or concerns.**

Enrollment Request Form

Name: _____ Email: _____

Address: _____ City/State: _____ County: _____

Zip: _____ Telephone: _____ Active Duty Retired Veteran Other: _____

Number Residing in Household: _____ Number Under 18: _____

Does anyone in the family suffer from allergies: Yes No

Do you currently have dogs: No Yes If so, how many: _____ Size/Weight: _____

Are you currently employed: No Yes If so, please list: _____

Diagnosis (Check all that apply): PTSD TBI Additional Mobility Issues (i.e back pain)



1. Tell us about your support system (Individuals closest to you in you life):

2. Tell us about yourself:

3. What is a typical day like for you?

4. What do you want a service dog to provide for you?

Help Us Secure Funding: The purpose of these questions is to gather data that could be helpful when providing anonymous statistical information for program funding opportunities. Your answer is voluntary, and in no way affects your eligibility for enrollment.

Gender: Female Male Pay Grade: _____ Years in Service: _____

Branch: Army Navy Air Force Marines Coast Guard NG

Age: _____ Ethnicity: Caucasian African American Asian Hispanic
 Native American Other: _____

Insurance Provider (Check all that apply): VA Medicare Medicaid Lovelace
 Presbyterian CIGNA Tricare BCBS Other: _____

Annual Household Income: \$0-18,000 \$18,000-\$25,000 \$25,000-\$32,000
 \$32,000-\$40,000 \$40,000-\$50,000 \$50,000+

I understand completion of this request does not guarantee enrollment. All veterans requesting enrollment will be required to complete various phases of the application process when called. If any information is not valid at entry (i.e. contact information), Paws and Stripes will not be able to contact me regarding my request. I will contact Paws and Stripes if any information changes to ensure they are able to contact me to apply for the program.

Signature: _____ Date: _____