SERVICE DOG SUPPORT PERSON AGREEMENT

Old Glory requires each applicant accepted into the Service Dog program to identify a reliable Support Person. The Support Person serves as a backup resource for the Service Dog team if the applicant is temporarily unable to safely care for the Service Dog due to hospitalization, illness, injury, medical emergency, or another unexpected circumstance.

The Support Person agrees to communicate promptly with Old Glory and assist in ensuring the Service Dog remains safe and properly cared for until the applicant can resume care or other arrangements are made.

Applicant Name
_____

Support Person Name
_____

Relationship to Applicant
_____

Phone
_____

Support Person Address
_____

Email
_____

Does the Support Person live with the applicant?

☐ Yes ☐ No

Approximate Distance (miles)
_____

Approximate Travel Time
_____

Support Person Commitments

☐ I have voluntarily agreed to serve as the applicant's designated Support Person.

☐ I am aware that the applicant is applying to Old Glory's Service Dog program and I support their participation.

☐ If the applicant becomes temporarily unable to safely care for the Service Dog, I agree to assist with arranging or providing appropriate temporary care to the best of my ability.

☐ If I become aware that the Service Dog needs emergency or temporary care, I will contact Old Glory as soon as reasonably possible.

☐ I will work cooperatively with Old Glory to help ensure the Service Dog remains safe, properly housed, fed, exercised, and cared for while temporary arrangements are necessary.

☐ I understand that serving as a Support Person does not give me ownership of the Service Dog or authority to permanently transfer, rehome, sell, give away, or otherwise place the Service Dog.

☐ If I am no longer willing or able to serve as Support Person, I will notify the applicant and Old Glory promptly so another Support Person can be identified.

Emergency Care Ability

☐ Feeding and providing water

☐ Walking / exercise

☐ Transportation

☐ Veterinary appointments

☐ Medication prescribed for the dog

☐ Temporary housing

☐ Contacting Old Glory in an emergency

Do you currently have pets or other animals in your home?

☐ No ☐ Yes

If yes, please describe:

_____

_____

If temporary care were needed unexpectedly, would you generally be able to assist?

☐ Yes ☐ Usually, depending on circumstances ☐ I could assist with arrangements but may not be able to house the dog

Support Person Certification

I have read and understand the responsibilities described above. The information I provided is accurate to the best of my knowledge, and I voluntarily agree to serve as the designated Support Person for the applicant named above.

Support Person Signature _____ **Date** _____

Printed Name _____ **Phone** _____

Email _____ _____

Applicant Acknowledgment

I have discussed these responsibilities with the person identified above, and they have agreed to serve as my designated Support Person.

Applicant Signature _____ **Date** _____