



Maryland Department of Veterans Affairs

Office of the Secretary

LARRY HOGAN
GOVERNOR

BOYD K. RUTHERFORD
LT. GOVERNOR

GEORGE W. OWINGS III
SECRETARY

Maryland Veterans Service Animal Program Program Participant Completion Form

Nonprofit Training Entities are required to complete this form when confirming a program participant has successfully completed the program.

**Return to the Maryland Department of Veterans Affairs
within 10 days of completion of the program.**

Organization Name: _____

Point of Contact: _____

Title: _____

Phone: _____ Email: _____

Name of Veteran: _____

Date of completion: _____

Initial by each of the following statements to certify this program participant met criteria for the Program.

1. Served on active duty, other than for training, in the United States Armed Forces, National Guard, or a Reserve Component, *and* _____

2. Was discharged or released under conditions other than dishonorable, *and* _____

3. Is a Maryland resident OR receives treatment at a USVA medical facility in Maryland _____

Signature

Date

Please return completed form within 10 days of program completion or release to:

Mail: Maryland Department of Veterans Affairs
16 Francis Street, Fourth Floor
Annapolis, Maryland 21401
ATTN: Outreach and Advocacy Program

Email: dana.hendrickson@maryland.gov