



# 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](mailto:dana.hendrickson@maryland.gov)