



Message to Garcia Veteran Service Dog Program

PURPOSE: Hoffman Animal Hospital believes in giving veterans in need the tools they need to excel in their daily life, through the support of service dogs. In support of this, the Message to Garcia Program has been established which provides veterans with free premium wellness plans for their service dogs.

QUALIFICATIONS:

- Any individual that applies for the Message to Garcia program must show a valid proof of active-duty service. This includes a DD-214, MD Veteran License, or VA Health Identification Card.
- Service dogs must have a valid registration and training certificate from an Assistance Dogs International (ADI) accredited organization, or from one of the following local training programs:
 - o Dog Training Elite Service Dog Program
 - o American K9
 - o Leashes of Valor
- Service dogs must be in active service to receive a free wellness plan. If a pet is retired, individuals should notify Hoffman Animal Hospital as they will be removed from the program. Discounts to services will be continued for the life of the service dog.
- Service dogs enrolled in the Message to Garcia Program must follow veterinary recommendations regarding wellness screening and treatment included in the wellness plan.

BENEFITS:

- A dog enrolled in our Message to Garcia Program will be automatically enrolled in an Adult Premium Wellness plan. This plan is outlined in our Wellness Plan Contract.
- Any services required for the enrolled service dog that is outside of the Adult Premium Wellness Plan will be paid for by the Veteran (Owner/Handler) with a 10% discount.
- Free preventatives will be supplied to the enrolled service dog, appropriate to the patient's age and weight.



Hoffman Animal Hospital
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Message to Garcia Program Application and Agreement

Please print the following information.

Participant Information

Participant (Veteran) Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Service Connection

Service (circle):

Navy

Marine Corps

Army

Coast Guard

Air Force

Years of Service:

Please provide proof of service via a valid DD-214, Veteran MD License, or Veteran Affairs Health ID Card

Service Dog Information

Service Dog Name:

Date of Birth (Or Approximate Age):

Breed:

Sex: M/F

Spayed/Neutered?: Yes/No

Training Organization:

Please provide proof of training certification or ADI registration card.

Enrollment Agreement

Please Initial the following:

____ I hereby understand by enrolling in Hoffman Animal Hospital's Message to Garcia Program that I am being provided a premium wellness plan at no cost to me (average plan cost: \$1,581/year) as well as yearly preventatives.

____ I understand I am to follow the recommendations by my veterinarian regarding my pet's wellness and preventative care.

____ I understand that participation in Hoffman Animal Hospital's wellness plan does not guarantee the well-being of my pet and that in case of sickness or injury, a discounted service (10%) will be provided.

____ I will keep Hoffman Animal Hospital aware of the status of my service dog. I understand that if at any time my service dog is retired from active service, I will no longer be eligible for a free wellness plan, however, discounts provided will remain active for the life of the pet.

Signature of Participant

Date

Media Waiver

The success of our program stems from public awareness, you are under no obligation to share your enrollment with the public, however if you would be interested in sharing your pet's photo or story, we would greatly appreciate your consideration.

Please select an option below:

_____ I hereby give Hoffman Animal Hospital permission to take photographs and/or videos of me and my pet for purpose of marketing through social media and the clinic website. Hoffman Animal Hospital will only use pet's first name, ensuring the privacy of the individual personal information. I hereby release and discharge Hoffman Animal Hospital from any and all claims arising out of use of the photos.

_____ I do not authorize any photographs or videos of me or my pet to be taken for purposes other than my service dogs individual record (profile picture).

Signature of Participant

Date