



Puppy Raiser Application

Date: _____

All information provided is strictly confidential and for NHSDI use only.

FULL NAME: _____ DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____

CITY, STATE, ZIPCODE: _____

PRIMARY PHONE: _____ HOME: _____ CELL: _____

EMAIL: _____ WORK PHONE: _____ EXT: _____

PREFERRED CONTACT METHOD: _____

DRIVER'S LICENSE #: _____ STATE: _____ SOCIAL SECURITY#: _____

CO-RAISER (Required if applicant is under 18 years old)

FULL NAME: _____ DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____

CITY, STATE, ZIPCODE: _____

PRIMARY PHONE: _____ HOME: _____ CELL: _____

EMAIL: _____ WORK PHONE: _____ EXT: _____

PREFERRED CONTACT METHOD: _____

DRIVER'S LICENSE #: _____ STATE: _____ SOCIAL SECURITY#: _____

New Horizons Service Dogs, Inc.
1590 Laurel Park Court, Orange City, FL 32763
Phone: (386) 456-0408 Fax: (386) 456-0409
www.NewHorizonsServiceDogs.org
Federal Tax ID # 59-3334829

EMERGENCY CONTACT (Friend or relative **NOT** living in the same household)

FULL NAME: _____ DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____

CITY, STATE, ZIPCODE: _____

PRIMARY PHONE: _____ HOME: _____ CELL: _____

EMAIL: _____ WORK PHONE: _____ EXT: _____

PREFERRED CONTACT METHOD: _____

HOME

DESCRIBE YOUR HOME (size, yard, flooring, etc.): _____

DO YOU HAVE A SECURELY FENCED YARD? _____

MEMBERS OF HOUSEHOLD

NAME	AGE	RELATIONSHIP TO APPLICANT
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1. _____

2. _____

3. _____

4. _____

5. _____

DOES THE ENTIRE FAMILY SUPPORT THIS PROJECT? _____ YES _____ NO

DO YOU EXPECT ANY MAJOR CHANGES IN YOUR LIFE WITHIN THE NEXT YEAR? (Explain): _____

PETS

	NAME	AGE	SEX	SPAY/NEUTERED?	UP TO DATE WITH SHOTS?
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				

HAVE YOU HAD OR CURRENTLY HAVE AN ISSUE WITH FLEAS OR TICKS? (Explain): _____

VETERINARIAN INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

CITY, STATE, ZIPCODE: _____

IF WE FEEL IT NECESSARY, DO WE HAVE YOUR PERMISSION TO CONTACT YOUR VETERINARIAN? _____

WORK

WHERE ARE YOU EMPLOYED? _____ POSITION: _____

WHAT IS YOUR WORK SCHEDULE? _____

ARE YOU ABLE TO BRING A PUPPY TO WORK WITH YOU? _____ IF YES, HOW OFTEN? _____

IF YES, DESCRIBE YOUR WORKPLACE: _____

IF NO, DESCRIBE YOUR PLANS FOR THE DAY: _____

ABOUT YOU

DESCRIBE YOUR TYPICAL DAY: _____

WHAT ARE YOUR REASONS FOR WANTING TO PUPPY RAISE? _____

ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US ABOUT YOU? _____

ARE YOU WILLING TO RAISE ANY PUPPY, REGARDLESS OF BREED, AGE, OR SEX? (Explain): _____

IF YOUR APPLICATION IS ACCEPTED, WHEN WILL YOU BE READY TO RAISE A PUPPY? _____

WHERE DID YOU HEAR OF NEW HORIZONS SERVICE DOGS? _____

EXPERIENCE

HAVE YOU EVER RAISED A PUPPY BEFORE? _____ IF YES, HOW MANY? _____ FROM WHAT AGE? _____

HAVE YOU ATTENDED FORMAL OBEDIENCE CLASSES? _____ IF YES, WHAT LEVEL WAS COMPLETED? _____

HAVE YOU EVER SHOWN A DOG? _____ IF YES, WHAT TYPE OF SHOW? _____

DESCRIBE YOUR EXPERIENCE: _____

EXPECTATIONS OF A PUPPY RAISER

1. I understand that the dog I am raising belongs to New Horizons Service Dogs. I am expected to return the dog and the training vest at my scheduled rotation date.
2. I am required to spend a minimum of 30 minutes a day training my dog in training.
3. After the first week, I am required to spend a minimum of 5 hours a week socializing my dog in training.
4. I am required to attend regular obedience classes either at New Horizons Service Dogs or privately.
5. I am required to submit monthly progress reports and to promptly report behavioral, medical or training issues to NHSDI, as well as update all veterinary records, including proof of vaccinations.
6. I am financially able to provide for the needs of a puppy for approximately 6-8 months (time period TBD). This includes shots and routine veterinary care, emergency veterinary care, monthly flea, tick and heartworm preventative, quality food, shelter, spay/neuter, and OFA quality x-rays (see below for details).
7. I agree to contact NHSDI for any non-emergency health concerns by a call or email during business hours. If you have an emergency get immediate care and contact NHSDI.
8. I agree to follow NHSDI's recommended vaccine schedule, treatment protocols and preventative care guidelines.
9. I may be responsible to spay or neuter my puppy: Female are to be spayed at 6 months of age. Male are to be neutered at 12 months.
10. I may be required to have hip and elbow x-rays taken at my expense. Orthopedic Foundation for Animals (OFA) quality hip and elbow x-rays must be taken when the puppy is 12 months old. Radiographs must be sent to New Horizons before the dog is returned.
11. I must feed my dog Fromm Gold dog food recommended and approved by NHSDI, any exceptions has to be approved by NHSDI.
12. The puppy must be well versed in being handled for grooming, teeth brushing, and nail trimming.
13. I am required to teach the puppy to be well mannered, crate trained and friendly to people and animals.
14. I will raise the puppy as an indoor dog and I will not allow the puppy to be off leash unless in an enclosed safe area.
15. I will represent New Horizons in a professional and positive light at all times.

Are you willing and able to do all of the above? YES NO

APPLICANT SIGNATURE _____

DATE _____

CO-RAISER SIGNATURE _____

DATE _____

I will return the puppy I raise to New Horizons Service dogs when requested to do so.

APPLICANT SIGNATURE _____

DATE _____

CO-RAISER SIGNATURE _____

DATE _____

DATE _____

Representative of New Horizons Service Dogs on behalf of
 Janet Severt Executive Director
 New Horizons Service Dogs

Career Change Dogs

New Horizons will make every attempt to place our dogs into a good working environment even if they do not become a full working service dog. They may be career changed into a different line of work.

These puppies have been raised to work and be a positive addition to the community. As such, we prefer to place them in a working environment over a pet home. They may become a therapy dog for a child with downs syndrome, a companion dog for an elderly shut in, or even a resident therapy dog in a nursing home.

The puppy raiser/trainer will not be given first option to adopt the dog back if he is excused. This must be fully understood. Our primary goal is to place the dog where he will be of help to either an individual or into a group home where he will be a benefit to numerous people.

We do understand many people get very attached to the puppy they have raised. Many times we have been offered large donations in place of the dog. We have had to turn these down because we are not in the business of selling our dogs, after they have been career changed, to our puppy trainers.

There are extenuating circumstances where the puppy trainer may be able to adopt the puppy back due to medical issues or psychological issues. Even these are not a guarantee the puppy raiser will be offered the puppy back.

APPLICANT SIGNATURE _____

DATE _____

CO-RAISER SIGNATURE _____

DATE _____

Media Authorization and Release

Subject to the terms and conditions set forth herein this agreement,

I, _____ do hereby irrevocably authorize New Horizons Service Dogs, Inc. and/or Janet Severt, its successors and assigns and those acting under its permission and on its authority to copyright, use, and publish, for art, sales materials, advertising, promotion, packaging, trade, or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, pictures, portraits or images, of me and/or my dog(s) or other animals(s) or form, in conjunction with my/our own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium. Any and all comments made by me are provided to Janet Severt or agent without receipt of any promise of consideration.

The undersigned warrants he/she has the full power and authority to grant all of the rights conveyed hereunder and hereby waives any right that he/she may to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied, the undersigned further agrees that this authorization and release shall be binding upon his/her heirs, executors, administrators, successors and assigns.

The undersigned warrants that all comments made by me will accurately reflect the opinions and experience of the undersigned and that the comments are true and correct to the best of the undersigned knowledge and belief.

The undersigned further warrants that he/she is of full age and has every right to contract in his/her own name in the above regard and further that he/she read the above authorizations and release, prior to its execution, and that he/she is fully familiar with the contents thereof.

APPLICANT SIGNATURE _____

DATE _____

CO-RAISER SIGNATURE _____

DATE _____

Liability Form Waiver and Release

Print Name:

I indemnify and hold harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines and attorneys' fees arising out of the acts or omissions of New Horizons Service Dogs, Inc. Training Seminar, Training Class, meetings, or any gathering sponsored by or conducted at New Horizons Service Dogs, Inc. offices, including but not limited to interactions with instructors, attendees, or animals.

I am willing to execute this agreement which will make sure that anything whatsoever that happens relating to the dog, it's training, or my training with the dog, no matter whose fault it is, will not result in any claims for personal injuries or property damages against New Horizons Service Dogs, Inc., its officers, agents or employees.

By signing this agreement below, I understand and agree to everything in it. If any person, including me, is injured, or any property, including mine, is damaged, I will never make a claim against New Horizons Service Dogs, Inc., its officers, agents or employees for personal injuries or property damage relating to the dog, its training, or my training with the dog, I will pay the claims or judgment.

APPLICANT SIGNATURE _____

DATE _____

CO-RAISER SIGNATURE _____

DATE _____

Doctor Name:
Fax Number:

1590 Laurel Park Court, Orange City, FL 32763
Phone: 386-456-0408 Fax: 386-456-0409

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Dog's Name: _____ Date of Birth: _____

Puppy Raiser: _____

I request and authorize release of medical information of the dog named above to:

Name: New Horizons Service Dogs, Inc.

Address: 1590 Laurel Park Ct.

City: Orange City State: FL Zip Code: 32763

This request and authorization applies to:

All medical information relating to the following treatment, condition, or dates: _____

All healthcare information

Other: _____

Puppy Raiser Signature: _____ Date Signed: _____

PUPPY RAISER AGREEMENT

This agreement is being entered into between New Horizons Service Dogs, Inc. (NHSDI) by and through its duly authorized representative, Janet Severt (Executive Director), and the Puppy Raiser Home, by and through its representative, _____.

This agreement is binding on both parties and legal action arising out of this agreement may be tried in any court of competent jurisdiction.

- 1) New Horizons Service Dogs, Inc. agrees to furnish each puppy raiser home a NHSDI puppy raiser manual which will be used as a guide, by the home, in training the puppy;
- 2) New Horizons Service Dogs, Inc. will place, a healthy puppy as assessed by NHSDI with puppy raiser for a fixed training period which may be but not limited to four to six months. IT is the responsibility of the puppy raiser to utilize the training manual as a resource outside of formal training sessions. Obedience training and socializing of NHSDI puppies are the puppy raisers main responsibility.
- 3) While the dog is in a puppy raiser home, the puppy raiser will pay all normal and necessary veterinary bills. The puppy raiser takes full & sole responsibility for making sure the puppy receives proper medical care for the duration of this contract. This includes but is not limited to:
 - ____ (initial) Current immunizations
 - ____ (initial) Preventive medication for heartworm and external parasites.
 - ____ (initial) Spaying and/or neutering after obtaining NHSDI's approval.
 - ____ (initial) All emergency health/ medical issues that arise for the duration of this agreement.
- 4) During the time the puppy is in a puppy raiser home, the puppy raiser will provide Fromm Adult Gold dog food or a brand that has been approved by NHSDI staff. The puppy raiser accepts full & sole responsibility for maintaining the puppy's physical care. This includes but is not limited to:
 - ____ (initial) Providing the puppy with proper food, water, shelter and regular grooming.
 - ____ (initial) Never allowing the puppy to be off-leash except in an enclosed or fenced area.
 - ____ (initial) Maintaining physical custody of the dog at all times.
- 5) New Horizons Service Dogs, Inc. staff will be available to assist the puppy raiser home with any training or behavioral problem that might arise during the time the puppy is in the puppy raiser home. The puppy raiser accepts full & sole responsibility for the puppy's performance or behavioral issues for the duration of this agreement. On a quarterly basis, the puppy raiser, in conjunction with NHSDI's staff, will complete a quarterly report on the puppy giving an honest assessment of the dog's behavior, temperament, and training.
- 6) New Horizons Service Dogs, Inc. has the right to request to use the puppy in its puppy raiser homes for publicity and authorizes NHSDI to use any photographs or personal narratives of their participation in NHSDI for the purpose of promoting NHSDI. Examples include, but are not limited to, newsletters, brochures, public service announcement, website announcements, etc.
- 7) The puppy training partner agrees to notify NHSDI immediately of any change of address, telephone number or email address.
- 8) NHSDI has developed policy & procedures regarding the breeding, care, training and placement of its service dogs. Dialog between the puppy raiser and their personal vet is encouraged. NHSDI shall consult on

issues concerning the puppy's behavior, training and veterinary care. Decisions by NHSDI Executive Director, Staff, their appointed Veterinarian or Board of Directors SHALL BE FINAL. Under no circumstances is the puppy raiser to make any major decisions without prior permission from NHSDI.

9) New Horizons Service Dogs, Inc. owns the dogs in all puppy raiser homes; therefore, NHSDI has the right to remove any dog from any home, for cause, at any time. If the dog is not being properly cared for, is not being allowed to be a house dog, is being allowed to show aggression, if the puppy raiser home is not being cooperative with maintaining contact, or for any reason that could be harmful for the puppy or other dogs or people, the puppy will be removed from the home. In all cases NHSDI shall maintain OWNERSHIP of the puppy.

10) Acknowledges that NHSDI has sole & exclusive rights to place the puppy with a puppy raiser, client, facility or organization of its choice. The puppy raiser also acknowledges that in the case of 'career changing', NHSDI has sole & exclusive rights to place the puppy with another organization or home of its choice.

11) The puppy raiser agrees to report any health problems, accidents or injuries to New Horizons Service Dogs, Inc. immediately.

12) If for any reason, the puppy raiser home is no longer able to care for, train, or live with the puppy, New Horizons Service Dogs, Inc. shall be notified immediately with the decisions to the future care of the puppy being the sole responsibility of NHSDI.

13) The puppy raiser accepts full responsibility for any injury or damage that may occur, either directly or indirectly, as a result of the actions or inactions of this puppy. The puppy raiser will accept full responsibility of the puppy and will be held liable for any damages arising from negligence. The puppy raiser also agrees to notify NHSDI immediately and assumes complete responsibility for, the loss, theft or the unnatural death of the puppy. The puppy raiser hereby waives and releases NHSDI and its representatives from any and all liability regarding this puppy's physical & medical condition as well as the puppy's temperament & behavior. The puppy raiser agrees that non-compliance of the above will result in breach of this agreement and such actions authorize NHSDI to retrieve the puppy through all legal means possible and may result in criminal or legal actions to be taken. (*Please Initial)_____

Puppy Raiser Representative Name: _____

Puppy Raiser Representative Address: _____

Street: _____

City State Zip Code: _____

Telephone Numbers: Home: _____ Cell: _____

Work: _____

Email: _____

Best Contact Time: _____

Puppy Name: _____

Date of Birth or Estimated Age: _____ Sex of Dog: _____

Breed of Dog: _____

Date Placed in Puppy Raiser Home: _____

Length of Puppy Placement: _____

Date: _____

Representative of New Horizons Service Dogs on behalf of
Janet Severt Executive Director
New Horizons Service Dogs, Inc

Date: _____

Puppy Raiser Home Representative