



## Puppy/Prison Pup Raiser Application

**Date:** \_\_\_\_\_

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

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

PREFERRED CONTACT METHOD: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

MONTHLY HOUSEHOLD INCOME: \_\_\_\_\_

**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](http://www.NewHorizonsServiceDogs.org)  
Federal Tax ID # 59-3334829

# PUPPY/ PRISON PUP RAISER APPLICATION | 2018

## 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
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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## 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? \_\_\_\_\_

## EMPLOYMENT

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 is owned by and belongs to New Horizons Service Dogs, Inc. and I will return the dog and the training vest at my scheduled rotation date.
2. I am required to spend a minimum of 30 minutes per day training my dog while in training.
3. After the first week, I am required to spend a minimum of 5 hours per week socializing my dog while in training.
4. I am required to attend weekly obedience classes either at NHSDI 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 4-6 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 (if authorized by NHSDI), and OFA quality x-rays (estimated cost to spend on food, heartworm/flea, vet bills, spay/neuter, and OFA hip/elbow x-rays \$500-\$600).
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: Females are to be spayed at 6 months of age. Males are to be neutered at 12 months. I will not spay or neuter my puppy without the express written consent of NHSDI.
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 must 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 NHSDI 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 NHSDI 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 \_\_\_\_\_

DATE \_\_\_\_\_

## 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/she is excused from the program. This must be fully understood. Our primary goal is to place the dog where he/she will be of help to either an individual or into a group home where he/she 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 returning 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; however, even these are not a guarantee the puppy raiser will be offered the puppy back.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CO-RAISER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Liability Form Waiver and Release  
&  
Non-Disparagement Agreement**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 knowingly and willing executing this agreement to certify that if anything whatsoever that happens relating to the dog, its training or my training with the dog, no matter who is at fault, I will not pursue 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 the entire agreement. If any person, including me, is injured, or any property, including mine, is damaged, I will not pursue a claim against New Horizons Service Dogs, Inc., its officers, agents or employees for any personal injuries or property damage relating to the dog, its training, or my training with the dog, and any claims or judgments connected thereto shall be my sole responsibility.

I agree now and hereafter not to disparage or defame New Horizons Service Dogs, Inc. in any respect or to make any derogatory comments, whether written or oral, regarding New Horizons Service Dogs, Inc. or its current or former officers, directors, employees, agents or contracting parties, or its business or operations. The sole exception is that recipient may make truthful statements about New Horizons Service Dogs, Inc. and/or its current or former officers, directors, employees, agents or contracting parties, or its business or operations, only if compelled by Court Order, legal proceeding or otherwise required by law, without violating the aforesaid non-disparagement requirements. If recipient defames or disparages New Horizons Services Dogs, Inc. or its current or former officers, directors, employees, agents or contracting parties, or its business or operations, then recipient shall be liable for all reasonable expenses incurred by New Horizons Service Dogs, Inc., including attorneys' fees and costs, in the enforcement of obligations created by this clause.

Signature: \_\_\_\_\_

If the above is a minor, signature of parent or guardian.

I, the undersigned, hereby consent to the foregoing conditions and warrant that I have the authority to grant such consent.

Signature: \_\_\_\_\_

### 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 (whether utilized in my name or a fictitious name) as well as any and all photographs, pictures, portraits or images or reproductions thereof, in color or otherwise made through any medium, of me and/or my dog(s) or other animals(s). Any and all comments made by me are provided to Janet Severt 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's 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 willingly and voluntarily executing same with full knowledge of the contents thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If person signing is a minor, then parent or legal guardian must sign below:

I, the undersigned, hereby consent to the foregoing conditions and warrant that I have the authority to grant such consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Doctor Name: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

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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) NHSDI 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) NHSDI 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 raiser's 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 and 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 only after obtaining NHSDI's written 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 and 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) NHSDI 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 and 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) NHSDI has the right to request to use the puppy in its puppy raiser homes for publicity and the puppy raiser authorizes NHSDI to use any photographs or personal narratives of their participation in NHSDI for the purpose of promoting NHSDI without compensation. Examples include, but are not limited to, newsletters, brochures, public service announcement, website announcements, etc.

7) The puppy raiser agrees to notify NHSDI immediately of any change of address, telephone number or email address.

8) NHSDI has developed policy and 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's 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) NHSDI 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) The puppy raiser acknowledges that NHSDI has sole and 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 and 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 NHSDI immediately.

12) If for any reason, the puppy raiser home is no longer able to care for, train, or live with the puppy, NHSDI 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 and medical condition as well as the puppy's temperament and 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: \_\_\_\_\_

# PUPPY/ PRISON PUP RAISER APPLICATION | 2018

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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: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Puppy Raiser Home Representative

Date: \_\_\_\_\_