



Before filling out the application, we ask that you read the following information to ensure that you qualify as an applicant:

Thank you for your interest in applying for a New Horizons Service Dog

The process is as follows:

- The Service Dog Application form must be completed along with a recent photo and a **\$50 non-refundable application fee**.
- The Medical History Form must be filled out by your primary care physician and returned directly to NHSDI.
- The proof of income (financial) information **must include** a W-2, pay stubs, social security statement or any document that proves your income for one month.
- A letter of reference must be submitted directly to NHSDI on your behalf by a non-family member.
- Your eligibility will be determined when all of the above paperwork is received in our office. You will receive an email letting you know your file is complete and you have been placed on the waiting list.
- Please keep in mind that **our waiting period can take up to 1 year**. All eligible applicants remain on file until we are able to place each and every service dog with the client they are best suited for.
- You will hear from us, closer to the time of placement, when we will request a personal interview.
- You are responsible for all costs related to a 2-week Team Training, in which you will come to the Central Florida area with the dog every day for 2 weeks under our guidance and instruction.
- There is no cost for the service dog, however, there are costs related to the receiving of the dog. **Please read the FAQ and this information page in its entirety.**
- We ask for your help in fund-raising so that you are able to pay it forward and make a donation to New Horizons so that we can continue our mission of placing service dogs with people who need them just like you. In addition, New Horizons always needs volunteers in all facets.
- You are also responsible for all costs relating to the dog's care once the dog is placed with you.
- The cost for the two week training largely depends on where you are located and if you will require hotel accommodations (we do not provide housing and the team training is located in Deland, FL *Volusia County) The hotel costs can range anywhere from \$59.00 per night and upwards depending on the time of year. You will be responsible for all costs associated with traveling (food, gas lodging, etc.). We do work with local hotels to get their best deal and block out rooms.

1590 Laurel Park Court
Orange City, FL 32763

www.NewHorizonsServiceDogs.org

Phone: (386) 456-0408

Fax: (386) 456-0409

Federal Tax ID # 59-3334829

Service Dog Application

- **As of January 1, 2020 there is a non-refundable \$500.00 fee to reserve your spot for Team Training** and also includes supplies for the dog such as a vest, first bag of food, leash, collar, bowl, or grooming supplies. This fee is due at the time you are notified you will be included in this class.
- The fundraising/donation to New Horizons is considered a pay it forward program for the next client in line to receive a dog and has nothing to do with you receiving a dog or the time frame in which you would receive it. There is no specific amount required but we are a 501(c)(3) program that runs strictly off of private donations, fundraising and community support so the more involved you can become, the more people we will help.

New Horizons Service Dogs is unable to provide service dogs at this time for the following conditions:

- Low vision or individuals who are blind
- Individuals looking for a medical alert dog for diagnosis such as diabetes, seizures and severe allergies
- Individuals who are deaf
- Mental health diagnosis such as schizophrenia, bi-polar disorder, borderline personality disorder, etc.

Note: New Horizons Service Dogs does not provide animals for Seizure Alert or Diabetic Coma.

New Horizons primarily places service dogs to Florida Residents.

****Please remember to contact our office and update your file should any of your contact information change****

Service Dog Application

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell phone _____

Email address _____ Work phone _____

Driver's License #: _____ State: _____

Social Security #: _____ Are you a veteran? _____

What Branch? _____ Is your disability Service connected? _____

What percentage? _____

****Please include a photo of yourself. ****

Employment

Place of Employment _____

Address _____

City _____ State _____ Zip _____

Phone _____ Ext. _____ Supervisor's name? _____

Do we have your permission to verify your employment, if necessary? _____ Yes _____ No

Emergency Information (Relative or closest family member NOT living in the household)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

Emergency Information (Non-Relative, friend, neighbor, teacher, therapist, NOT living in the household)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

Medical History

Date of birth _____ Weight _____ Height _____ Sex ___ M ___ F

Service Dog Application

What is your primary disability? _____

What is the cause of your disability? _____

Are there significant secondary disabilities? yes no Please describe: _____

At what age were you disabled? _____ Is your disability progressive? _____

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Spasticity | <input type="checkbox"/> Slowed development |
| <input type="checkbox"/> Reduced stamina | <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Deafness | |
| <input type="checkbox"/> Memory loss | <input type="checkbox"/> Muscular weakness | |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Limited mobility | |

Do you have any of the following problems?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Balance | <input type="checkbox"/> Heat/Cold sensitivity |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Brittle bones | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Heightened emotions | |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin sensitivity | |

Do you use an assistive device?

- | | | |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Wrist brace | <input type="checkbox"/> Wheelchair (power) |
| <input type="checkbox"/> Leg brace | <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Wheelchair (manual) |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Crutch/Cane | <input type="checkbox"/> Other _____ |

Current number of attendant care hours per week _____

Do you (check all that apply)?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Drive | <input type="checkbox"/> Fly in airplanes | <input type="checkbox"/> Driven by others |
| <input type="checkbox"/> Ride buses | <input type="checkbox"/> Travel distances on foot/wheels | |

Type of canine assistance desired _____ Full Public Access or _____ In Home Helpmate

Are you single married?

Do you live

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Spouse/significant other |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Roommates |
| <input type="checkbox"/> Attendant | <input type="checkbox"/> Other _____ |

Do you currently own any pets? Yes No

If yes, please list _____

Do you live with or have children or do children visit regularly? Yes No

Number of children _____ Ages _____

Does your current living situation have _____ a fenced yard _____ an enclosed area?

Is your family supportive of your application for an assistance dog? Yes No

Do you have an effective support system that could provide for your dog should you be unable to do so? Please describe: _____

Service Dog Application

Is anyone in your home allergic to dogs? _____ Yes _____ No

Are you able to travel for your interview? _____ Yes _____ No

If no, please explain _____

Have you applied for a service dog from another organization? If yes which organization: _____

What tasks do you envision your service dog performing for you? List in priority order:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Applicant signature _____

If the applicant is a minor, under guardianship, conservator ship, or a ward of the court, the parent or legally authorized representative is required to sign below, pursuant to state or federal laws.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Parent or legal guardian signature _____

Financial Information

All information provided is strictly confidential and for NHSD use only to determine ability to care for a service dog.

This agreement is to be mailed or given directly to NHSD at the above address after being signed.

Please provide proof of income

Source of Income

Income from () Employer () Disability () SSI () Welfare () Other _____

Monthly Income: \$ _____

If employed, name of employer: _____

Please describe your work: _____

Employer address: _____

Employer phone: _____ Number of years in current work: _____

Number of dependents: _____

Please tell us any special circumstances?

Please estimate the following expenses on a **MONTHLY** basis where applicable:

- Rent/Mortgage \$ _____
- Utilities \$ _____
- Medical Care \$ _____
- Vehicle Expense \$ _____
- Credit Cards \$ _____
- Expense for other animals in your home \$ _____

The below questions are meant for you to think critically about the financial impact a service dog may have on your life. While NHSDI does NOT charge our clients for a service dog, we do require that our clients assume the financial responsibility that goes along with caring for the dog, including (but not limited to) food, veterinary care, treats, toys, etc. Please carefully consider the following questions:

- We estimate that the cost of a service dog is approximately \$2,000.00 per year. This is a basic estimate based on the cost of food, a yearly checkup for your dog, vaccinations, and a small stipend for unexpected veterinary occurrences. Do you feel comfortable taking on this cost? _____ Yes _____ No, explain

- Is there a limit to the amount you could spend on veterinary care?

- How much is too much?

- Please explain how you would deal with an emergency situation that may arise with your dog

**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 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.

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, 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: _____