



FACILITY/THERAPY DOG APPLICATION 2022

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

Thank you for your interest in applying for a New Horizons
Facility or Therapy Dog.

**Before filling out the application, we ask that you read
the
“Info, Check-list, and Process”
form to ensure that you qualify as an informed
applicant.**

Please reference the Info, Checklist, and Process form to ensure you are eligible for a Service Dog and you are prepared to complete the requirements in order to be placed on our waitlist. Your application will not be processed and moved to our waitlist until all items listed on the checklist are completed and received.

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

1590 Laurel Park Court
0408 Orange City, FL 32763
456-0409 www.NewHorizonsServiceDogs.org
59-3334829

Phone: (386) 456-
Fax: (386)
Federal Tax ID #

A New Horizon Service Dog gives a lifetime of ...
Unconditional Love, Independence, Mobility, and Service to a person with a disability.

DATE: _____

HANDLER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

OFFICE PHONE: _____ PERSONAL EXTENSION: _____

PERSONAL EMAIL: _____ OFFICE EMAIL: _____

Can we contact you at work? YES/NO

If No, Why?

EMERGENCY CONTACT INFORMATION: (Not related to Handler)

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EXTENSION: _____

FACILITY INFORMATION:

Facility: Please fill out information below.

Therapy: Please fill out IF you have a **specific** facility in mind. If not, please write in information on a **business(es)/clientele** you would like to bring a Therapy Dog to. Write "n/a" in fields that do not apply. Please also elaborate your goals in the essay portion of application.

NAME OF FACILITY: _____

FACILITY PHONE: _____ FACILITY EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FEIN: _____ STATE: _____

HANDLER'S POSITION AT FACILITY: _____

What is the client population served?

IN-PATIENT: _____

OUT-PATIENT: _____

DESCRIBE:

Do your clients use any assistive devices?

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

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 |

Are there currently other animals in the facility?

YES: _____ NO: _____

If yes, please list DOG NAME, HANDLER NAME, ORGANIZATION:

Do children visit regularly?

YES: _____ NO: _____

Does your facility have:

A fenced yard. Y/N

An enclosed area Y/N

Neither. My plan for exercise and bathroom breaks is:

Will the dog have a caretaker available 24/7?

YES: _____ NO: _____

What are your plans for the dog's care in the event of an emergency?

VETERINARIAN INFORMATION:

CLINIC NAME: _____

DOCTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

HOURS OF OPERATION:

IF WE FEEL IT NECESSARY, DO WE HAVE YOUR PERMISSION TO CONTACT YOUR
VETERINARIAN? YES: _____ NO: _____

Have you applied for a Facility/Therapy Dog through another organization? Y/N
If yes who: _____

What tasks do you envision a facility/therapy dog performing for the clients? Please list in order of priority:

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

Applicant Signature: _____ Date: _____

A legally authorized representative is required to sign in accordance with state and federal regulations.

FINANCIAL INFORMATION

All information provided is strictly confidential and for NHSD use only to determine ability to care for a service or facility 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: \$ _____

Employer Information

Same as Facility listed on application above Y/N

If No:

If employed, name of employer: _____

Please describe your work: _____

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 facility 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 \$2000.00 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?

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**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 nondisparagement 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: _____ 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 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.

Signature: _____ Date: _____