



Thank you for your interest in applying for a New Horizons Service 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
Orange City, FL 32763
www.NewHorizonsServiceDogs.org

Phone: (386) 456-0408
Fax: (386) 456-0409
Federal Tax ID # 59-3334829

Service Dog Application

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

If applicant is capable of completing this form, they must do so themselves with their personal information.

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell phone _____

Email address _____ Work phone _____

Driver's License #: _____ State: _____

Social Security #: _____ - _____ - _____

Circle type of canine assistance desired: Full Public Access or In Home Helpmate

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 _____

Service Dog Application 2022

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

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:

Speech impairment

Vision impairment

Muscular weakness

Reduced stamina

Spasticity

Limited mobility

Hearing loss

Coordination problems

Slowed development

Memory loss

Deafness

Other _____

Do you have any of the following problems?

Allergies

Balance

Heat/Cold sensitivity

Chronic pain

Brittle bones

Other _____

Depression

Heightened emotions

Seizures

Skin sensitivity

Do you use an assistive device?

Prosthesis

Wrist brace

Wheelchair (power)

Leg brace

Hearing aid

Wheelchair (manual)

Walker

Crutch/Cane

Other _____

Current number of attendant care hours per week _____

Do you: (Check all that apply)

Drive

Fly in airplanes

Ride buses

Travel distances on foot/wheels

Driven by others

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

Service Dog Application 2022

Are you: ___ single ___ married?

Do you live:

___ Alone

___ With an Attendant

___ With Roommates

___ With parents

___ Spouse/significant other

___ Other _____

Do you currently own any pets? ___ Yes ___ No If yes, please list type _____

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? ___ other? _____

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:

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. _____ |

Applicant signature _____ Date: _____

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 _____

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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 \$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: _____

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: _____