



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

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

Please reference the Veteran 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](http://www.NewHorizonsServiceDogs.org)

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

Veteran Service Dog Application 2022

**Veteran Service Dog Application**

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

\*\*\*\*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 #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ What Branch did you serve? \_\_\_\_\_

Is your disability Service connected? YES / NO What percentage? \_\_\_\_\_ %

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 1**(Relative or closest family member NOT living in the household)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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

# Veteran Service Dog Application 2022

## **Emergency Information 2** (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:

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

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 \_\_\_\_\_

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

## Veteran Service Dog Application 2022

Do you: (Check all that apply)

Drive

Fly in airplanes

Driven by others

Ride buses

Travel distances on foot/wheels

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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

### 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?

\_\_\_\_\_

- 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 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: \_\_\_\_\_