



PTSD Support Contact Information Form

Please provide the names of **two (2)** individuals who will be able to provide the following:

- a) Immediate and a temporary home for your dog should an emergency arise.
- b) To provide support to you should you require immediate support.
- c) To agree to contact NHSDI should any changes, problems, or concerns occur regarding your NHSDI service dog.
- d) To support, agree and adhere to NHSDI policy regarding the 5 freedoms of care and well-being for the NHSDI Service Dog.
 1. Freedom from hunger or thirst by ready access to fresh water and a diet to maintain full health and vigor.
 2. Freedom from discomfort by providing an appropriate environment including shelter and a comfortable resting area.
 3. Freedom from pain, injury or disease by prevention or rapid diagnosis and treatment.
 4. Freedom to express (most) normal behavior by providing sufficient space, proper facilities and company of the animal's own kind.
 5. Freedom from fear and distress by ensuring conditions and treatment which avoid mental suffering.
- e) Agree to promote healthy living and behavior as set out by your care providers.

Contact Person Information #1:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Numbers:

Home: _____ Cell: _____

Email: _____

Signature: _____ Date: _____

Contact Person Information #2:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Numbers:

Home: _____ Cell: _____

Email: _____

Signature: _____ Date: _____

In case of an emergency in which the applicant is rendered temporarily incapable of providing care for the dog:

By signing below the applicant is agreeing to temporarily release custody of their Service Dog to one of the persons above. The applicant also agrees to communicate all aspects of changes to the dog's care to NHSDI in real time, as able, of the occurrence.

Your Name (Printed): _____

Signature: _____

Phone Numbers:

Home: _____ Cell: _____ Other _____

Email: _____

For Office Use Only:

Name of Dog: _____ DOB: _____

Breed: _____ Microchip #: _____

Signature: _____ Date: _____

Should such an emergency occur the following Team Members are available 24/7 and one or more are to be contacted immediately:

*Janet Severt, Executive Director (386) 717-4667
Client Services Coordinator; Patti Goffe (727) 488-8013
Mike DeStefano (561) 676-6351
Ayla Kamen (917) 841-7319*