

SERVICE DOGS OF NEW MEXICO APPLICATION



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PLEASE REVIEW THE FOLLOWING REQUIREMENTS BEFORE FILLING OUT YOUR SERVICE DOG OF NEW MEXICO APPLICATION:

- You must attend a 1-hour Orientation (\$150 non-refundable) to go over ADA law, rights, responsibilities and how to care for your Service Dog.
- Your Service Dog is not a family pet.
- Service Dogs will be with the handler and not kept in a yard or kennel.
- You will be expected to maintain your dog's appearance, health and manners as well as continue to improve your skills as a handler.
- Your Service Dog will not be off leash in public.
- You are responsible for all maintenance, health and continue to train with your service dog.
- You must pass The Public Access Test administered by your trainer.
- You must maintain identification for public access.
- You are responsible for cleaning up after your dog's elimination in public.
- You will be responsible for any damage caused by your dog.
- Your Service Dog will not go to dog parks as they are proven to be unsafe and unsanitary (except for training purposes when accompanied by your trainer).
- Service Dogs Of New Mexico will keep your information and entire application confidential. Your photos and application will become the property of Service Dogs Of New Mexico.

- The estimated cost of a Dog is approximately ***\$2,000 per year***. Please consider how you could respond to emergency issues, illness, moving with your dog, etc. and other unforeseen events.

IF YOU AGREE TO THESE REQUIREMENTS PLEASE INITIAL HERE _____
AND FILL OUT THE FOLLOWING:

I. APPLICATION. Application will be reviewed when all information has been received. \$25 processing application fee and home visit. (Non-refundable - please submit payment with this form). Service Dogs Of New Mexico will conduct a home visit.

2. MEDICAL FORM. To be completed by your physician or therapist.

APPLICATION Part 1

NAME First _____ MI _____ Last _____

DOB _____ AGE _____ M/F _____

ADDRESS _____

Street City State Zip

PHONE Daytime _____ Evening _____

E-MAIL _____

EMPLOYED y/n EMPLOYER _____

OTHER: _____

OWN/RENT _____

NAME OF RELATIVE/CONTACT _____

ADDRESS _____

Street City State Zip

PHONE/E-MAIL _____

HOW DID YOU LEARN ABOUT SERVICE DOGS OF NEW MEXICO?

DO YOU USE ANY ASSISTIVE DEVICES (wheelchair, cane, etc.)? _____

PLEASE DESCRIBE YOUR LIMITATIONS (mobility, pain, physical strength, endurance, balance, etc.) This information is intended to help us understand your needs and plan a training program for you and your dog.)

HOW WOULD A SERVICE DOG HELP WITH YOUR DISABILITY?

LIST OTHER PEOPLE LIVING IN YOUR HOME (age and relationship to you).

LIST OTHER PETS IN THE HOME (cats, dogs, etc.)

WHO WILL CARE FOR YOUR DOG IN CASE OF EMERGENCY?

PERSONAL OR PROFESSIONAL REFERRALS

Please list names and contact information of two people who will provide a referral for you.

NAME _____
Phone _____
E-Mail _____

NAME _____
Phone _____
E-Mail _____

INFORMATION ON SERVICE DOG

Do you already have a dog? _____
Breed _____ Age _____ How Long Owned _____

Any training _____

Issues that need to be addressed

Will Service Dogs Of New Mexico be assisting with placing an appropriate dog with you?

Please describe the types of dog you like and be aware that we will be suggesting the appropriate dog that will support your disability needs.

APPLICATION Part 2

NOTE: Medical information and release must be provided before you begin training. This is for your safety and to ensure we provide the best training possible for your individual needs. This is a requirement.

MEDICAL HISTORY RELEASE FROM YOUR THERAPIST OR PHYSICIAN STATING YOUR DIAGNOSIS

PATIENT NAME _____
DOB _____

Release of Medical Information: This authorizes you to release information regarding my condition to Service Dogs Of New Mexico. This information will be used to evaluate and access my condition and is crucial to participate in the program and to develop an individual training program for my personal issues. All information is private and confidential.

PRINTED NAME _____
Date _____

Signature

Note: Parent/Guardian Consent (*if client is under 18*)

NAME OF PARENTS OR GUARDIAN _____
Date _____

Signature

Agency _____
Address _____
Phone/E-Mail _____

Confidentiality and privacy of all client records is maintained. This information is never shared outside of Service Dogs Of New Mexico staff. If you have any questions, please call our office at 505.358.1366. You may e-mail us also: servicedogsnm@gmail.com

Please mail the completed form to: Service Dogs Of New Mexico
17 Bus Lane
Sandia Park, NM 87047

Please include \$25 administrative processing fee

MEDICAL PROVIDER OR THERAPIST

Practitioner Name _____
Medical Group or
Facility _____
Address _____
Phone/E-Mail _____

Dates of service _____
Primary diagnosis _____
Secondary diagnosis _____

NOTES: _____

Will this client be able to attend regular training appointments and take care of their Service Dog with their challenges?

How will a Service Dog help this client?

Is there anything else you would like to share that would assist us in developing a safe and effective training program for this client?

Signature _____ Date _____