

APPLICATION: SERVICE DOGS OF NEW MEXICO &
THE ACADEMY OF CANINE EXCELLENCE
Offices: 3804 Juan Tabo Suite B2, Albuquerque, NM, 87111
Training Center: 12700 San Rafael, Suite 4, Albuquerque, NM, 87122
Email: servicedogsofnm@gmail.com or Abqk9academy@gmail.com
www.servicedogsnm.org
Facebook: Service Dogs Of New Mexico
Phone: 505-350-1569 or 505-274-5048

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 and submit a \$50 (non-refundable) application processing fee. The application fee must be paid before your application will be reviewed.
- 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 (with the exception of a disability that requires the dog to do tasks off-leash).
- You are responsible for all maintenance, boarding, health and training with your service dog. Including board and train programs and at home programs.
- You must pass The Public Access Test administered by your trainer and will be tested annually.
- You must maintain and display identification on your dog for public access.
- All dogs in the program must be up to date on all vaccinations, flea/tick prevention, and deworming, as necessary.
- 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 at any time during your training.
- If your dog is diagnosed with any communicable condition (fleas, ticks, worms, illness) you must notify trainers immediately.
- Service Dogs Of New Mexico will keep your information and entire application confidential. We do not release documents to any other organization for any reason.
- Your photos and application will become the property of Service Dogs Of New Mexico and The Academy of Canine Excellence.
- There are no refunds for any services at any time.

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

VETERAN _____
ADULT _____
CHILD _____

APPLICATION - Part 1

NAME First _____ MI _____ Last _____
DOB _____ AGE _____ M/F _____
ADDRESS _____
Street City State Zip
PHONE HOME _____ CELL _____
EMAIL _____
EMPLOYED y/n EMPLOYER _____
OWN/RENT _____

EMERGENCY CONTACT: NAME _____
ADDRESS _____
Street City State Zip
PHONE _____

EMERGENCY CONTACT #2: NAME _____
ADDRESS _____
Street City State Zip
PHONE _____

HOW DID YOU LEARN ABOUT SERVICE DOGS OF NEW MEXICO?

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

PLEASE DESCRIBE YOUR LIMITATIONS (mobility, anxiety, 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.)

PERSONAL OR PROFESSIONAL REFERRALS

Please list names and contact information of two people who will provide a referral for you.
Emails to servicedogsnm@gmail.com

NAME _____
Phone _____
Email _____

VETERINARIAN NAME _____
Phone: _____
Address: _____

INFORMATION ON SERVICE DOG

Do you already have a dog? Y/N Name: _____
Breed _____ Age _____ How Long Owned _____

Any training _____

Will Service Dogs Of New Mexico be assisting with placing the right dog with you?

IF YOU NEED A DOG PLEASE DO NOT ADOPT/PURCHASE ONE WITHOUT TRAINER APPROVAL. Many dogs while cute, sweet, and likeable are unable to fulfill the requirements needed to complete training as a service dog. We look at MANY factors before selection a dog.

Please describe the types of dog you like and be aware that we will be suggesting the appropriate dog that will best support your disability(s)

You will have the opportunity to select a sponsor/mentor from Service Dogs Of New Mexico to assist, offer guidance, suggest additional resources for you and answer questions as your training progresses.

We are providing testing for each module to track your progress. You will have all the references and training you need for each test.

Have you ever owned a dog before? When? How Long? _____

Do you have a yard? Y/N _____

If you were unable to care for your dog who would take care of it?

Name & Phone: _____

Address: _____

How often do you leave your home for recreation? (exercise, walks, hikes)

Describe some activities you do on a weekly basis: (TV, videos games, art, sports, hiking, staying home, therapy, none.)

Please list some of the places you will need to take your service dog: (School, work, travel, church, Dr. appointments, therapy, etc.)

How long are you at work/school or out of the home on a daily basis?

Training is often at varied locations and requires reliable transportation to attend. Do you have a vehicle or reliable transportation? Y/N _____

Are you able to safely participate in training activities (walking, standing, sitting, bending, and other daily tasks like shopping) for a minimum of 30 minutes without a break? You may use adaptive devices or have a helper with you. Y/N _____

If you do require a helper to assist you, are they able to attend EVERY lesson with you and your dog during training? Yes/No/ Occasionally _____

Have you ever surrendered an animal to the city pound or a rescue organization? Y/N _____
If so when? _____ Why was it surrendered? _____

Surrendering an animal **will not** disqualify you from having a service animal.

COVID-19:

Are you able and willing to wear a mask during your lessons? Y/ N _____

We work with a variety of high-risk clients. In order to provide a safe and stable environment for everyone we ask that if you travel outside of the state, have contact or potential exposure to COVID-19, have an overnight hospital stay/ER visit/Urgent care visit, or have tested positive for COVID-19 (past or present) you let us know immediately and abide by the current guidelines in place (14 day quarantine). We are happy to accommodate with online lessons when necessary.

I agree to follow all the current COVID-19 State of NM and CDC guidelines and disclose any situations listed above where I may have been exposed to COVID-19

Print Name: _____

Signature:-----Date:_____ -

If we are placing a dog with you for this program, please be aware they may be an adoption fee of between \$300 to \$3000 depending on the dog and requirements needed. Purebred dogs and puppies often cost more. We do use rescue dogs when available and are committed to finding the best fit and most effective dog to help with your disability. Some tasks (seizures, diabetes, scent work) are best trained from puppyhood.

All pet dogs are required to pass an evaluations before being accepted into the program.

Are you willing and able to care for a puppy? Y/N_____

Rescue/Adult dogs often have undetectable behavior issues that we must resolve before they can do service work. Do you want to work with/rehabilitate a rescue dog? Y/N_____

We love all breeds and are happy to work with any of them, however due to certain restrictions/conditions/difficulties that can impact your life with your service dog **we do not place the following breeds with handlers. If you own one of these breeds, they must pass both an SAT and SAFER evaluation before being accepted to the program.** Wolf/ Coyo Dog Hybrids are never accepted even if DNA tests are not available.

- Pit bulls and Pit mixes
- Boxers and Boxer Mixes
- Cattle Dogs and Mixes
- Brachycephalic Breeds (Smooch nose)
- Chihuahuas and mixes

Dogs with a past bite history or dangerous animal declaration are never accepted.

APPLICATION - Part 2

NOTE: Medical information, photo release, release of liability (DD214 if Veteran) and veterinary records 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 PHSICIAN STATING YOUR DIAGNOSIS. You may also provide a letter from your Physician/Therapist.

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 _____

Confidentiality and privacy of all client records is maintained. This information is never shared except to Service Dogs Of New Mexico and The Academy of Canine Excellence staff. We only release submitted documents to the applicant in person and with ID present. If you have any questions, please call our office at 505-274-5048. You may email to servicedogsofnewmexico@gmail.com or Abqk9academy@gmail.com

Please mail the completed form to: Service Dogs Of New Mexico
3804 Jaun Tabo suite B2
Albuquerque, NM, 87111

TO BE FILLED OUT BY YOUR MEDICAL PROVIDER OR THERAPIST

Practitioner Name _____
Address _____
Phone _____
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? _____ Y/N _____

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?

In your professional opinion would a service dog help your patient cope/mitigate the difficulties imposed by their condition/diagnosis/disability? Y/N _____

Signature _____ Date _____

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Official Photography Release
Service Dogs Of New Mexico
www.servicedogsnm.org
Facebook: Service Dogs Of New Mexico

I hereby grant permission for Service Dogs Of New Mexico and The Academy of Canine Excellence to take photos and videos for their organization to be used for promotion or training. Posting pictures online is allowed and may use my name. All pictures remain the property of Service Dogs Of New Mexico and The Academy of Canine Excellence. I may download them for my personal use, but may not use them for financial gain.

Name

Signature of Parent If Minor

Date

RELEASE OF LIABILITY
Service Dogs Of New Mexico
www.servicedogsnm.org
Facebook: Service Dogs Of New Mexico

I, _____, for and in consideration of the service to me of Service Dog/Companion Dog Training, do hereby release and forever discharge Service Dogs Of New Mexico from Liability, their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the following:

Service Dogs, Therapy Dogs, ESA and Companion Dog Training and other dogs being placed in the home for training.

It is understood and agreed that this service is made and received in full and complete settlement and satisfaction the causes of action, claims and demands mentioned herein; that this Release contains the entire agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of New Mexico.

This Release has been read and fully understood by the undersigned and has been explained to me.

EXECUTED this ____ day of _____, 20____

Signed: _____ *Sign Here*

Service Dogs Of New Mexico, agent: _____
Service Dogs Of New Mexico 501c3 Non-Profit Organization