

Northwest Elite Working Dogs

MAIN APPLICATION (Full Intake)

5.1 Applicant & Household Information

- Full Legal Name: _____
- Date of Birth: ____ / ____ / ____
- Phone: _____ Email: _____
- Physical Address: _____
- City/State/ZIP: _____

Emergency Contact

- Name: _____ Relationship: _____
- Phone: _____ Email: _____

Household Members

List all: name, age, relationship

-

Other Pets in Home

Species / Age / Temperament

-

- Spayed/Neutered? Yes No

All Adults in Household (18+)

List names & DOBs; background check consent required in Section 10

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5.2 Disability & Medical Verification

- Primary disability/diagnosis (general terms only): _____
- Impact on daily life (check all):
 - Mobility/Walking Balance/Stability PTSD/Anxiety Seizures Autism Support
 - Other: _____

Physician/Provider

Name: _____ Clinic: _____

Phone: _____ City/State: _____

Required Attachments

- Physician letter of medical necessity
- Mental-health provider letter (if applicable)
- Signed HIPAA Authorization (Section 7)

5.3 Service Dog Needs

- Tasks requested (check all):
 - Mobility/Brace/Stability Item Retrieval PTSD/Anxiety Interruption
 - Nightmare/Flashback Disruption Seizure/Diabetic Alert
 - Autism Support (redirection, tethering, social bridging) Other: _____

Open Response

How will a service dog improve your independence and daily living?

5.4 Lifestyle & Environment

- Residence: House w/ yard Apartment/Condo Rural property Other: _____
- Do you rent? Yes No → If **Yes**, landlord permission attached? Yes No
- Daily activity: Low Moderate High
- Work/School? Yes No → If **Yes**, schedule/locations: _____
- Where will the dog accompany you most (home/work/school/public/etc.)?

Veterinary Access

- Primary Vet/Clinic: _____
- Emergency Vet within 30 miles? Yes No

Care Plan

Are you able to meet daily needs (exercise, feeding, grooming, vet care)?

Yes No → If No, explain support plan: _____

5.5 Handler Capacity & Experience

- Previous dog ownership/training? Yes No → Describe: _____
- Physically able to handle a large breed (50–80 lbs) in public? Yes No
- Comfortable following structured routines and practicing daily? Yes No

5.6 Commitment & Responsibilities (Initial each)

- ____ Daily care, training maintenance, and lifelong welfare are my responsibility.
- ____ I will attend all handler training sessions and required refreshers.
- ____ I am responsible for ongoing veterinary, food, and equipment costs.
- ____ I will follow NEW Dogs protocols; misuse/neglect can result in removal.
- ____ I will maintain a safe, stable home and notify NEW Dogs of major changes.

5.7 Applicant Narrative Essay Prompts (NEW)

Please answer the following questions in detail. Use additional pages if needed.

1. **Why a Service Dog?** How will one improve your life?
2. **Daily Life & Routines** Describe a typical day.
3. **Support System** Who helps you at home/community?
4. **Past Experience with Dogs** Strengths and challenges.
5. **Your Goals** What you want to achieve with a service dog.

5.8 References & Support System

Provide two non-family references (reliability, responsibility, suitability):

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____

Backup Handler/Caregiver

Name: _____ Relationship: _____ Phone: _____

5.9 Home Interview & Environmental Evaluation Requirement

Please submit 6-10 photos of your home and area the service dog will utilize.

See Section 12 for full checklist. Photos/video or visit may be required

All applicants will also participate in a live virtual or in-person home interview to confirm suitability of the environment and support system.

Acknowledgement: ____ I understand a home interview is required.

Signature: _____ Date: ____ / ____ / ____

5.10 Acknowledgements & Liability

By signing, I affirm the information is true and complete. I understand:

- Application **does not guarantee acceptance**.
- Average placement wait time is **18–24 months and could be longer**.
- Background checks will be required for all adults in my household.
- NEW Dogs may deny/revoke placement if standards are not met.
- I release NEW Dogs, staff, and trainers from liability related to application and potential placement.

Applicant Signature: _____ Date: ____ / ____ / ____

Guardian (if under 18): _____ Date: ____ / ____ / ____

6) PHYSICIAN VERIFICATION FORM (Medical Necessity)

To the Licensed Provider: Your patient is applying for a trained service dog. Please complete the sections below to help us assess appropriateness and safety. Provide general information only; do **not** include confidential records. You may attach a brief letter on letterhead.

Patient Name: _____ **DOB:** ____ / ____ / ____

Your Name & Credentials: _____

Practice/Clinic: _____ **Phone:** _____

City/State: _____ **Fax (optional):** _____

1. **General Diagnosis Category** (no ICD codes required)
 - Mobility/Orthopedic/Neuromuscular Neurological Psychiatric Developmental/Autism
 - Other: _____

2. **Functional Limitations** (check all that apply)
 - Balance/Stability Gait/Mobility Fine motor Seizure disorder Panic/Anxiety episodes
 - Task cueing/Executive function Sensory processing Other: _____

3. **Anticipated Ways a Service Dog May Help** (check all)
 - Brace/Counterbalance Item retrieval Medical alert/response
 - PTSD/Anxiety interruption Autism support Other: _____

4. **Patient Capacity & Safety**
 In your clinical opinion, is the patient able to safely participate in handler training and provide daily care for a dog?
 Yes Yes, with assistance No
 Comments: _____

5. **Attendance/Follow-Up**
 Is the patient likely to attend scheduled trainings and follow-ups?
 Yes Uncertain No
 Comments: _____

Provider Signature: _____ **Date:** ____ / ____ / ____

Attach letter on letterhead if needed. Please return directly to the applicant or fax via secure line above.

7) HIPAA AUTHORIZATION TO RELEASE INFORMATION

Patient/Applicant Name: _____ **DOB:** ____ / ____ / ____

I authorize [**Provider Name/Clinic**] to disclose the following to **Northwest Elite Working Dogs (NEW Dogs)** for the purpose of application review and service-dog task planning:

Information Authorized

- Confirmation of diagnosis category
- General description of functional limitations relevant to service dog tasks
- Confirmation of capacity to participate in training and provide daily dog care

Exclusions: No detailed treatment notes or full medical records are requested or required.

This authorization:

- Is **voluntary** and may be revoked at any time by written notice to the provider and NEW Dogs.
- Expires **one (1) year** from the date signed unless otherwise indicated: _____/_____

- Includes permission to communicate via phone or secure email.

Provider: _____ **Phone:** _____

Applicant/Patient Signature: _____ **Date:** ____ / ____ / ____

Parent/Guardian (if applicable): _____ **Date:** ____ / ____ / ____

8) VETERINARIAN ACKNOWLEDGEMENT FORM

To the Veterinarian: Please confirm your willingness to provide routine and emergency care for this client's service dog (current or future placement).

Client/Handler Name: _____

Primary Vet/Clinic: _____ **Phone:** _____

- Our clinic can provide routine preventive care: Yes No
- Our clinic can provide (or refer) 24/7 emergency services within 30 miles: Yes No
- Notes/Limitations: _____

Veterinarian Signature: _____ **Date:** ____ / ____ / ____

9) REFERENCE QUESTIONNAIRE (Two Required)

To the Reference: The applicant named below is seeking a trained service dog. Please answer candidly. Your responses are confidential to NEW Dogs staff.

Applicant Name: _____ **Your Name:** _____ **Relationship to Applicant:** _____ **Years Known:** _____ **Phone:** _____ **Email:** _____

1. Reliability & Responsibility (scale 1–5; 5 = excellent)
 1 2 3 4 5 — Comment: _____
2. Ability to follow through on commitments
 1 2 3 4 5 — Comment: _____
3. Emotional readiness for a working animal in public
 1 2 3 4 5 — Comment: _____
4. Suitability of home environment / support system
 1 2 3 4 5 — Comment: _____
5. Any concerns we should be aware of?

Signature: _____ **Date:** ____ / ____ / ____

Return to applicant or email securely to info@northwesteliteworkingdogs.com

10) BACKGROUND CHECK CONSENT (Adults 18+ in Household)

Applicant Name: _____

I authorize NEW Dogs or its agent to conduct a background check on me and acknowledge that all **adults (18+)** in my household may be subject to the same. This may include criminal records where permitted by law. Results are used solely to ensure a safe placement.

- Full Legal Name: _____
- DOB: ____ / ____ / ____
- Current Address: _____

Signature: _____ **Date:** ____ / ____ / ____

Repeat this page for each adult household member.

11) LANDLORD PERMISSION TEMPLATE (If Renting)

To the Property Manager/Landlord:

Your tenant is applying for a trained service dog. Please complete below to acknowledge awareness and permission consistent with applicable law.

Tenant Name/Unit: _____ Property/Community:

- I acknowledge the tenant's request to keep a service dog in this unit.
- I understand legitimate service dogs are **not pets** and certain fees may not apply under law.
- I agree to make reasonable accommodations consistent with applicable laws.

Manager/Landlord Signature: _____ **Date:** ____ / ____ / ____

Print Name & Title: _____ **Phone/Email:** _____

12) HOME & ENVIRONMENT EVALUATION CHECKLIST

Submit 6–12 clear photos or a brief video walkthrough covering:

Interior

- Main living area
- Kitchen (food storage/safety)
- Hallways/entryways (accessibility)
- Applicant’s bedroom
- Dog sleeping/crate area

Exterior

- Immediate outdoor/toileting area
- Fencing/yard (if any)
- Building entry/parking

Other Pets

- Photos of each pet and typical interaction areas

Notes (optional):

NEW Dogs may conduct an in-person or virtual home visit prior to final acceptance.

13) FINANCIAL AGREEMENT & PAYMENT PLAN ELECTION

Applicant Name: _____

Program Cost Acknowledgement

I acknowledge that program costs typically range from **\$35,000–\$60,000** depending on tasks/training. This cost includes: acquiring Puppies (includes our breeding program costs) , food, vet care, boarding for the duration of training, obedience training, task training, 2 Week team training program and other costs associated with training a service dog.

Planned Payment Method(s) (check all that apply):

- Pay in full
- Deposit + Installments (select one): \$5,000 \$7,000 \$10,000
- Third-party financing/loan
- Fundraising/Donations
- Combination

If selecting installments:

Desired term: 6 mo 12 mo 18 mo 24 mo (subject to approval)

Preferred due date: 1st 15th Other: _____

Payment method: ACH Card on file Other: _____

Fundraising Plan (if applicable)

Fundraising Toolkit & Plan Worksheet (NEW)

Applicants choosing fundraising must outline a plan.

Options: GoFundMe Social Media Community Events Sponsorship Employer Matching Other

Goal: \$ _____ Methods: _____ Timeline: _____ Supporters: _____

Acknowledgement: ____ I understand fundraising is my responsibility.

Signature: _____ Date: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____

Note: Detailed terms will be provided in the separate Purchase/Training Agreement upon conditional acceptance.

14) POLICY & CUSTODIANSHIP AGREEMENT

By initialing each statement and signing below, I agree to the following NEW Dogs policies related to the custody and use of a placed service dog:

Handler Responsibilities

- ____ Maintain daily care: nutrition, exercise, grooming, enrichment.
- ____ Maintain training: practice commands, reinforce behaviors, attend refreshers.
- ____ Veterinary care: annual wellness, vaccinations, emergency care plan.
- ____ Public conduct: adhere to laws and NEW Dogs' standards for behavior and hygiene.
- ____ Equipment: use approved gear; no aversive tools outside NEW Dogs guidance.

Program Compliance

- ____ Attend handler courses, follow-ups, and annual evaluations/recertification.
- ____ Report major changes in health, residence, or household promptly.
- ____ No breeding; the dog remains a working animal under program standards.
- ____ Misuse/neglect may result in corrective action or removal.

- ____ submit all required paperwork/reports: monthly, semi annual, annual.

Welfare & Retirement

- ____ If the dog's welfare or working suitability is compromised, I will cooperate on a remediation or retirement plan.
- ____ Upon retirement, I may petition for custodianship consistent with NEW Dogs policies.

- ____ Return Policy: cooperate if placement fails.

Media & Identification

- ____ I understand that ID cards/vests do not create legal status; conduct and training do.
- ____ (Optional) Media consent handled separately; not required for application.

Signature: _____ **Date:** ____ / ____ / ____

15) APPLICATION FEE & SUBMISSION INSTRUCTIONS

Application Processing Fee

\$25 non-refundable application processing fee (if applicable).

Pay via secure link provided by NEW Dogs or check by mail.

How to Submit

- Preferred: Secure upload link (provided upon request).
- Email (encrypted attachments): **info@northwesteliteworkingdogs.com**
- Mail: NEW Dogs – Spokane, WA (contact us for current address)

After You Submit

- You will receive confirmation within **5 business days**.
- If moving forward, we'll schedule an interview and may request a virtual home tour.
- Conditional acceptance is followed by the Purchase/Training Agreement and deposit.

16) FINAL SUPPORTING DOCUMENTS CHECKLIST & CERTIFICATION

Attach the following with your Main Application:

- Physician letter of medical necessity
- Mental-health provider letter (if applicable)
- Signed HIPAA Authorization (Section 7)
- Copy of valid government ID
- Landlord permission (if renting)
- Two references (Section 9)
- Veterinarian Acknowledgement (Section 8)
- Home photos/video (Section 12)
- Background check consent (adults 18+) (Section 10)

- Application fee (if applicable)
- Financial Agreement & Payment Election (Section 13)

Applicant Certification

I certify that all information and documents provided are true and complete. I understand that false or misleading information may result in denial or revocation of placement.

Signature: _____ **Date:** ____ / ____ / _____

Parent/Guardian Commitment (NEW)

Required for applicants under 18.

1. **Role in Training:** I commit to attending handler training with my child.
2. **Daily Care:** I will ensure the dog’s needs are met.
3. **Long-Term Responsibility:** I understand I am legally responsible until my child is of age and independent.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / _____

Appendix A – Definitions & ADA Notes

- **Service Dog (ADA):** A dog individually trained to do work or perform tasks for an individual with a disability.
- **Emotional Support Animal (ESA):** Provides comfort; **not** a service dog under ADA.
- **Public Access:** Service dogs are permitted in most public places when under control and task-trained. Misrepresentation may be unlawful.
- **Handler Responsibilities:** Control, hygiene, and behavior standards apply at all times.

This packet does not constitute legal advice; consult counsel if needed.

Appendix B – Contact & Communications Timeline

1. **Pre-Application** submitted → email confirmation (within 5 business days).
2. **Invitation** to complete Main Application + Supporting Forms.
3. **Document Review** (2–4 weeks) → Interview scheduled.

4. **Interview & Home Review** (virtual or in-person).
5. **Decision** → Conditional acceptance or deferral.
6. **Purchase/Training Agreement** issued; **Deposit** collected.
7. **Placement Timeline** discussed; handler training calendar shared.
8. **Ongoing Updates** every 60–90 days while on waitlist.