

Semper-Fi Service Dog Application

Personal Information

First and Last Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

First Responder: Police Fire EMS N/A

Veteran: Y/ N

Branch: USMC/ USN/ USA/ USAF/ USCG

MOS: _____ Rank: _____

Dates of Service: _____ to _____

Discharge Type _____

Campaigns Served: _____

Service-Connected Disability: Y/ N

If yes, what percentage _____%

Disability/ies: _____

Assistance requested: Service Dog/ Emotional Support
Animal

If a service dog, what tasks do you need the dog trained to do?

How did you hear about us? _____

Have you ever been convicted of a crime? Y/N

If yes, explain _____

Do you drink? Y/N

How often do you drink? _____

How much do you drink per week? _____

Have you ever used illegal drugs? Y/N

If yes, what substance and when was the last time. _____

Housing Information

Do you own or rent? Own Rent

If you rent, how long is your lease? _____

If you rent, is it an: apartment or house

Do you currently have pets? Y/ N

What kind and how many? _____

Do you live alone? Y/ N

If no, how many people live with you? _____

Are there kids in the home under 18? Y/ N

If yes, how many and what are the ages? _____

Do you work? Y/ N If yes, where? _____

If you do not work, please explain. _____



Semper-Fi Service Dogs, LLC

12650 Orange Blvd West Palm Beach, Florida 33412

561-255-4900

561-370-8684

Semper Fi Service Dogs Liability Waiver and Release

NAME: _____ **REFERRED BY:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

If you do not have a dog that will be trained at this time, please skip

DOG'S NAME: _____ **BREED:** _____

DOG'S AGE: _____ **DOB:** _____ **SEX:** M F **SPAY/NEUTERED:** Y N

THIS IS FOR BASIC OBEDIENCE TRAINING CLASSES

As a participating veteran in the Semper Fi Service Dog program, *I agree to attend the training classes a minimum of twice a week* for instruction on how to train my service dog.

Class Fee: \$100 – waived **Start Date:** _____

Location: A schedule will be provided

I, (Owner's Name) _____, as the participating veteran and legal owner of, (Dog's Name) _____ in the Semper Fi Service Dog program, do hereby waive and release Semper Fi Service Dogs, LLC or any related entities to this program from any and all liabilities of any nature. At no time will Semper Fi Service Dogs, LLC or the instructor of the class be liable or responsible for the actions of myself, my dog or any other person who accompanies me to the classes.

Owner's Signature: _____ **Date:** _____



**Semper Fi Service Dogs, Inc.
A Florida Not-For-Profit Organization**

Media Consent Form and Release for Myself and/or My Service Dog

I, _____ (print your full name), owner/foster of
_____ (name of Service Dog), grant Semper Fi Service Dogs,
Inc., (SFSD) and their officers, board members, agents, representatives and
associates the absolute right and permission to use photographic portraits,
pictures, digital images or videotapes of myself and/or my Service Dog, or in
which myself and/or my Service Dog may be included in whole or part, or
reproductions thereof in color or otherwise for any lawful purpose
whatsoever, including but not limited to use in any SFSD publication,
materials or on the SFSD websites, without payment or any other
consideration.

I hereby waive any right that I may have to inspect and/or approve the
finished product or the copy that may be used in connection therewith,
wherein a likeness of myself and/or my Service Dog appears, or the use to
which it may be applied.

I hereby release, discharge, and agree to indemnify and hold harmless the
SFSD and their officers, board members, agents, representatives and
associates from all claims, demands, and causes of action that myself or my
Service Dog have or may have by reason of this authorization or use of
myself or my Service Dogs photographic portraits, pictures, digital images or
videotapes, including any liability by virtue of any blurring, distortion,
alteration, optical illusion, or use in composite form, whether intentional or
otherwise, that may occur or be produced in the taking of said images or
videotapes, or in processing tending towards the completion of the finished
product, including publication on the internet, in brochures, or any other
advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully legally
competent to sign this Release.

THIS IS A RELEASE OF LEGAL RIGHTS.

**READ IT CAREFULL AND BE CERTAIN YOU UNDERSTAND IT BEFORE
SIGNING.**

**PLEASE CHECK ONE OF THE BOXES BELOW AND SIGN THE FORM AND THE
BOTTOM.**

CONSENT: I hereby certify that I am the owner/foster of the above-named Service Dog and do hereby give my consent, without reservation to the foregoing document.

NON-CONSENT: I hereby certify that I am the owner/foster of the above-named Service Dog and do NOT give my consent, without reservation to the foregoing document.

Signature: _____

Printed name: _____

Date: _____ **Primary Phone:** _____

Please submit a copy of your DD214, disability rating, service-connected disability/ies, a letter from your doctor on how the service dog or emotional support animal would benefit you, and any vaccination records for the dog you will have trained. Please email this application and requested documents to Johnathonm@semperfiservicedogs.org