



Alpha K9 Service Program

7500 14th Avenue; Unit 22
Sacramento, CA 95820
Office (916) 400-4337
Fax (916) 400-4294

Service Dog Application

Application For: ☐ US ☐ Canada

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Country Province

Phone: _____ Email _____

Driver's License
Number: _____ State: _____ Date of Birth: _____

Are you a military Veteran? YES ☐ NO ☐ Are you currently in the Armed Forces? YES ☐ NO ☐

Are you or were you a First-Responder? YES ☐ NO ☐ If Yes, Duty
Location? _____

Have you ever been denied a Service Dog? YES ☐ NO ☐

If yes, explain: _____

Employment

Employment
Status: _____ Title/Position: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Country Province

Phone: _____ Email _____

ALPHA K9 SERVICE PROGRAM

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337

Emergency Contact Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Country Province

Phone: _____ Email _____

Military / Government Service

Branch: _____ From: _____ To: _____

First Responder: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Type of Service Dog You Are Seeking

Post-Traumatic Stress Disorder (PTSD)? YES NO
☐ ☐

Stability / Mobility Service Dog? YES NO
☐ ☐

Other Anxiety Based Condition? YES NO
☐ ☐

Other type of Service Dog? YES NO If Yes, Please Explain? _____
☐ ☐

Medical

Do you use anything to assist in walking, standing or stability? YES NO
☐ ☐

If Yes, Please Explain: _____

Do you have a diagnosis or recommendation for a Service Dog? YES NO
☐ ☐

ALPHA K9 SERVICE PROGRAM

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337

Animal Questionnaire

Have you ever had to re-home any animal? YES NO
 ☐ ☐

If Yes, Please Explain: _____

Have you the financial means to care for an animal? YES NO
 ☐ ☐

Do you currently have any pets at home? Please list the species, breed, age and sex.

Describe your intended living conditions for the Service Dog:

Goals

Describe your goals after receiving a Service Dog:

What, if any, outdoor activities would you like to be able to do with your Service Dog:

Describe your social activities you would like to be able to do after receiving a Service Dog:

Breeds of Service Dog

Understand that although you are being asked about breed, gender and size preferences it does not guarantee those characteristics

List TOP 3 desired breeds of dogs

Breed: _____ Gender: _____

Breed: _____ Gender: _____

Breed: _____ Gender: _____

Preferred Size or weight range of dog? _____

Funding

The cost of a PTSD Service Dog can range between \$3,000 - \$5,000 depending on the needs of the individual. Service Dog availability is dependent upon sponsorships currently available. Individuals unwilling to wait for sponsorship have the ability to pay for a Service Dog, themselves.

Are you seeking Sponsorship? YES NO
 ☐ ☐

Would you like more information on purchasing a Service Dog? YES NO
 ☐ ☐

Would you like to be contacted to see if your house pet could be trained to become your Service Dog? YES NO
 ☐ ☐

Additional Information

Please provide any additional information that could help us place a Service Dog in your home (*expected changes in living conditions, children, etc.*):

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that any false or misleading information in my application or supporting documents may result in my release from the Service Dog Program.

Signature: _____ Date: _____

Note:

1. All Veteran applications must be accompanied by a DD 214 or corresponding military record
2. All applicants are required to attach a copy of their driver's license
3. Alpha K9 reserves the right to request any additional supporting documentation as needed

ALPHA K9 SERVICE PROGRAM

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337



Alpha K9 Service Program

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337

Non-Disclosure Agreement

Effective Date ____/____/____

BETWEEN:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Country Province

And:

ALPHA K9 SERVICE PROGRAM, associated businesses and partners
7500 14th #22
Sacramento, CA 95820

This Agreement is entered into this ____ day of _____, 20__ by and between _____ (hereinafter "Recipient") and Alpha K9 and associated businesses.

WHEREAS Discloser possesses certain ideas and information relating to Alpha K9's, business, training, practices and endeavors that is confidential and proprietary to Discloser (hereinafter "Confidential Information"); and

WHEREAS the Recipient is willing to receive disclosure of the Confidential Information pursuant to the terms of this Agreement for the purpose of working with or for Alpha K9.

NOW THEREFORE, in consideration for the mutual undertakings of the Discloser and the Recipient under this Agreement, the parties agree as follows:

1. Disclosure. Discloser agrees to disclose, and Receiver agrees to receive the Confidential Information.
2. Confidentiality.

2.1 No Use. Recipient agrees not to use the Confidential Information in any way, or to manufacture or test any product embodying Confidential Information, except for the purpose set forth above.

ALPHA K9 SERVICE PROGRAM

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337

2.2 No Disclosure. Recipient agrees to use its best efforts to prevent and protect the Confidential Information, or any part thereof, from disclosure to any person other than Recipient's employees having a need for disclosure in connection with Recipient's authorized use of the Confidential Information.

2.3 Protection of Secrecy. Recipient agrees to take all steps reasonably necessary to protect the secrecy of the Confidential Information, and to prevent the Confidential Information from falling into the public domain or into the possession of unauthorized persons.

3. Limits on Confidential Information. Confidential Information shall not be deemed proprietary and the Recipient shall have no obligation with respect to such information where the information:

(a) was known to Recipient prior to receiving any of the Confidential Information from Discloser;

(b) has become publicly known through no wrongful act of Recipient;

(c) was received by Recipient without breach of this Agreement from a third party without restriction as to the use and disclosure of the information;

(d) was independently developed by Recipient without use of the Confidential Information; or

(e) was ordered to be publicly released by the requirement of a government agency.

4. Ownership of Confidential Information. Recipient agrees that all Confidential Information shall remain the property of Discloser, and that Discloser may use such Confidential Information for any purpose without obligation to Recipient. Nothing contained herein shall be construed as granting or implying any transfer of rights to Recipient in the Confidential Information, or any patents or other intellectual property protecting or relating to the Confidential Information.

5. Training practices, techniques and scenarios used during the scope of work become and will remain the sole property of Alpha K9 and will be viewed as intellectual property of the company. Training practices, techniques and scenarios will be treated as classified information and the disclosure of any and all practices of such activities will be at the discretion of Alpha K9.

5. Term and Termination. The obligations of this Agreement shall be continuing until the Confidential Information disclosed to Recipient is no longer confidential.

6. Survival of Rights and Obligations. This Agreement shall be binding upon, inure to the benefit of, and be enforceable by (a) Discloser, its successors, and assigns; and (b) Recipient, its successors and assigns.

IN WITNESS WHEREOF, the parties have executed this agreement effective as of the date first written above.

SIGNATURE: _____ DATE: _____

PRINT: _____

ALPHA K9 SERVICE PROGRAM

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337



Alpha K9 Service Program

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337

Media Release Form

I grant permission to Alpha K9 and associated entities to use interview transcripts, essays, articles, photographs, video, audio recordings, and/or textual material created by me for use of Alpha K9 productions, media, websites or other electronic forms or media.

I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I understand that I retain the copyright to the original materials. Alpha K9, however, will make an effort to give you the opportunity to review the final media material, for which you participated in, prior to publication.

I hereby agree to release and hold harmless Alpha K9, from and against any claims, damages or liability arising from or related to the use of the photographs or other media, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product.

It is the discretion of Alpha K9 to decide whether to use the media.

I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. If I am under 18 years of age my legal parent or guardian agrees and is in full understand the contents, meaning and impact of this release

Applicable Law

This contract shall be governed by the laws of the State of California in Sacramento County and any applicable Federal Law.

SIGNATURE: _____

DATE: _____

PRINT: _____

ALPHA K9 SERVICE PROGRAM

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337



Alpha K9 Service Program

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337

Liability Release

Effective Date _____/_____/_____

BETWEEN:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Country Province

And:

ALPHA K9 SERVICE PROGRAM, associated businesses and partners
7500 14th #22
Sacramento, CA 95820

The undersigned agrees and does hereby release from all liability and hold harmless Alpha K9 and any of its employees or volunteers representing or related to Alpha K9. This liability release is for any and all liability for personal injuries including death and property losses or damage in connection with any activity or accommodation of the above mentioned Business. The undersigned does hereby further agree to abide by all the instructions, rules and regulations that are presented by Alpha K9.

Applicable Law

This contract shall be governed by the laws of the State of California in Sacramento County and any applicable Federal Law.

SIGNATURE: _____ DATE: _____

PRINT: _____

ALPHA K9 SERVICE PROGRAM

7500 14th Avenue; Unit 22
Sacramento, CA 95820
(916) 400-4337