



SERVICE DOG TRAINING PROGRAMS

Phone: (480) 508-7381 www.AzGoldensLLC.com Email: AzGoldensLLC@gmail.com

**Prior to filling out the application, please review the Service Dog Overview, Process, Costs, & Criteria pamphlet located in this packet and on our website at:
<http://www.azgoldensllc.com>**

*Please Note: Application must be completed by the applicant or answered by applicant's legal guardian.
Application Fee, Medical Prescription for a Service Dog MUST accompany application.*

Personal Information

Client's Name _____ Today's Date _____

Gender: M F Age _____ Client's Date of Birth _____

Diagnosis _____ Age at Diagnosis _____

Home Phone _____ Cell Phone _____

Email Address _____ Fax _____

Client's Street Address _____ Apt # _____

City _____ County _____ State _____ Zip _____

Maternal (Mother) Parent Information

(Only Fill This Out For A Child Placement)

Maternal Parent's Name _____

Address (if different then Client's) _____

Apt #: _____ City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Fax _____

Marital status? Single Married Separate Divorced Other _____

Custody Status? Full Custody Joint Custody Other _____

(If applicable please include copy of all custody paperwork and description of protections needed for the child)

Paternal (Father) Parent Information

(Only Fill This Out For A Child Placement)

Paternal Parent's Name _____

Address (if different then Client's) _____

Apt #: _____ City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Fax _____

Marital status? Single Married Separate Divorced Other _____

Custody Status? Full Custody Joint Custody Other _____

(If applicable please include copy of all custody paperwork and description of protections needed for the child)



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Household & Family Information

(Please list the names, ages, and relations to the client for all members currently living in the home.)

<u>Name</u>	<u>Age</u>	<u>Relation</u>

Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Relationship: _____ Able to Authorize Medical Care: Yes No

Secondary Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Relationship: _____ Able to Authorize Medical Care: Yes No

How did you find out about Arizona Goldens LLC & Our Programs?

In order to help lower costs and assist more people with disabilities, can you tell us how you found out about our programs?

- Google Search Bing Search Yahoo Search Other Search _____
- Online Referral (Which site?) _____ Doctor Referral: _____
- Given a Brochure Given a Business Card Given a Service Dog Toolkit
- Other: _____



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Medical Information

Client Name: _____ Birth Date: _____

Primary Doctor's Name: _____

Practice Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax Number: _____

Other Doctor's Names, Specialties, & Phone Numbers:

Describe your disability(s), limitations, and prognosis: _____

List any allergies (nuts, latex, etc.): _____

List any medications or treatments currently taken: _____

Insurance Information

(Please only fill this section out if you plan to try and submit the Service Dog Costs through your Insurance)

Insurance Name: _____ Policy ID or Plan #: _____

Insurance Phone Number: _____ Policy End Date: _____

Insurance Primary Holder's Name (if other than client): _____



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Service Dog Information

(Please select the type of Service Dog Needed)

(If you need a Cross-Trained Service dog please select all disability types)

- Autism
 Guide
 Hearing
 Mobility/Wheelchair.
 PTSD/Generalized Anxiety Disorder
 Medical Alert / Seizure Alert
 P.O.T.S./Syncope
 Diabetic Alert Dog
 Allergy Detection
 Other _____

Please list a minimum of 1-3 tasks that you need the service dog to do for you or your child. The lists below are some of the most commonly requested tasks for a particular disability:

1. _____
2. _____
3. _____

Other: _____

Autism Related Tasks	
<ul style="list-style-type: none"> • Interrupting Stimming Behavior <u>Examples:</u> <ul style="list-style-type: none"> ○ Hand Flapping ○ Patterned Walking • Help with transitioning tasks and or environments • Interrupt meltdown behaviors. 	<ul style="list-style-type: none"> • Help model communication • Help sleep at night and alert parents if they wake up. • Reduce bolting or wondering behaviors • Assist with social development • Provide Deep Pressure Therapy
Guide Related Tasks	
<ul style="list-style-type: none"> • Assist with navigating a person's environment. • Locating doorways, nearest chair, or curb edge. 	<ul style="list-style-type: none"> • Locating & Retrieving dropped items • Assist with traveling and traversing dangerous situations such as crossing the street.
Hearing Related Tasks	
Alerting to the following: <ul style="list-style-type: none"> • To the doorbell or door knock • To an audible alarm such as an alarm clock, kitchen timer, microwave, or laundry buzzer 	Alerting to the following: <ul style="list-style-type: none"> • To telephone ringing • To someone walking up behind you • To someone saying your name • To the fire alarm
Mobility/Wheel Chair Related Tasks	
<ul style="list-style-type: none"> • Retrieving dropped items • Triggering various buttons or switches such as elevator button or light switches • Bracing for Temporary Stabilization of Balance 	<ul style="list-style-type: none"> • Briefly pulling a manual wheelchair if client gets too tired or in an emergency • Opening up/closing doors or drawers via pull rope

Medical/Seizure Alert Related Tasks	
How the dog may respond to a seizure or medical episode:	
<ul style="list-style-type: none"> • Triggering a medical alert device to bring EMS help (3rd Party Device). • Locating and alerting the nearest person that you are having an episode and bringing them back to your location • Triggering an audible alarm box • Recognizing a specific scent as a food allergy indicator 	<ul style="list-style-type: none"> • Retrieving the emergency medication pouch • Licking or nuzzling your face or arms to help bring you out of a seizure • Bark so that the dog can help locate your position for paramedics.

PTSD Related Tasks	
<ul style="list-style-type: none"> • Interrupt zone-out or non-responsive behavior • Locating and alerting the nearest person that you are having an episode and bringing them back to your location • Retrieving medication pouch • Retrieving a bottle of water to take meds • Reminder to take medicine at a prescribed time. 	<ul style="list-style-type: none"> • Block other people from getting too close • Licking or nuzzling your face or arms to help bring you out of an episode • Alert to someone walking up behind you • Face towards your rear to act as a deterrent for people approaching from behind and to alert you if they do. • Assist with transitioning environments and situations.

Please note that these are typical and some of the most requested tasks that a service dog can be trained to help you with. This is not an all-encompassing list, if there is a task that you specifically need that is not on the list, please contact AZG to see if a dog can be trained to accomplish the task you may need.



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Other Information

Is the Client currently or planning to attend school? Yes No N/A

Name & Location School Attending: _____

Does client have an IEP (individualized education program)? Yes No N/A

(please include copy of IEP, MET, or other related school documentation of needs)

Do you plan on taking your service dog to school with client? Yes No N/A

Annual Household income (Check One) if client is a minor then parent's income:

\$0-\$25,000 \$25,000-\$50,000 \$51,000-\$75,000 \$76,000-\$100,000 \$100,000 +

Average Monthly Net Income (income minus expenses): _____

(Note to Client: If this figure is negative or between \$0 & \$250, Arizona Goldens LLC cannot place a Service Dog with you since you cannot financially support the estimated average costs of feeding, maintaining training, and average annual veterinary expenses to keep the dog healthy and current with their training)

Do you live in: House Apartment Other: _____ Do You: Own or Rent

Do you have a fenced yard? Yes No Do you have a pool? Yes No

Have you owned a dog before? Yes No If yes, when, how long and what breed?

Do you have a fear of dogs? Yes No If so please describe: _____

Do you currently have any pets? Yes No If so please list and describe:

Species (dog/cat...) Breed Age Spayed/Neutered Live inside/outside Exposed to dogs and reaction

Where would the dog be while you are away or receiving medical care?

How many hours a day will the dog be alone per day (Typical)? _____

How Would Others Describe Your Lifestyle & Personality (Check One):

Active/Energetic/Go-Getter Quiet/Reserved Social Independent/Strong Fearful

Other: _____



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Service Dog Preferences & Task Related Information (Check One):

What gender of dog do you prefer: Male Female Does Not Matter

Do you prefer: Labs Goldens Shepherds Goldendoodle/Poodle Does Not Matter

Please note that AZG tries to accommodate breed and gender preferences of our clients. AZG reserves the final right to choose the best service dog that meets your individual lifestyle, personality, and needs (task orientation).

Since Arizona Goldens LLC only places a limited number of service dogs every year, explain why you want a service dog and why we should work for you or your child. What do you hope that service dog can do for you or your child? What needs or services could a service dog provide for you? _____

Are you able to relieve and have a plan to clean up the waste from the dog? Yes No

Are you willing & able to arrange to participant every day to train in Boot Camp? Yes No

Need Other Arrangements Such as: _____

Do you use specialty equipment? (Wheelchair, canes, braces, feeding tubes, Communication devices, prosthetics, etc.?) Yes No

List: _____

References:

Please list three references (non-family related) and their addresses and phone numbers. Please include at least one professional reference.

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

May we contact these references? Yes No



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Information Release Form

During the service dog application & placement process, there may be instances we must contact certain private, medical, state agency, or other individuals/companies to verify and ascertain additional information concerning your application.

By signing "Yes" below you give the right to any 3rd parties such as, but not limited to doctors, hospitals, to release all pertinent information to AZG staff, including but not limited to any sensitive medical information as deemed necessary by AZG staff.

This information will be used to assist with verifying your application and any other activities necessary in the process of getting a service dog from AZG.

These activities may include, but not limited to fundraising efforts, demonstrations, marketing efforts, talking to print/video/online news reporters or agencies, etc. Most commonly the information released to public consumption includes, but not limited to your medical condition, challenges relating to your medical condition that the service dog may assist with, current fundraising status and level, and the remaining contracted amount for your service dog.

AZG understand that Identity Theft is a serious problem. AZG staff will protect all sensitive personal and medical information not deemed necessary or safe for public release and any other information the client wishes to keep private as deemed in writing to AZG outside this initial application.

This information release will remain in effect in perpetuity until the client expresses to AZG in writing that they are revoking this permission.

Name of Client: _____

Name of Legal Guardian 1: _____

Name of Legal Guardian 2: _____

Yes If yes, Sign _____ (Legal Guardian) Date: _____

Limited Release- Do Not Release Info Or Pictures/Video to the General Public, only to Client References & Medical Personnel necessary for Application Review.

No If no, initial ____

Please note:

If "No" is selected it could result in denial of application or hindrance to assisting with client fundraising efforts on the behalf of AZG.

If the client wishes to revoke this right to information release, they must do so in writing. Postmarked and sent to:

Arizona Goldens LLC
P.O. Box 40776
Mesa, AZ 85274-0776



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Liability Waiver & Medical Authorization To Treat

I _____ hereby waive and forever discharge claims for property or physical damages or injury suffered in connection with ARIZONA GOLDENS LLC sponsored events, activities, training, Boot Camp process, or after the placement process is complete, or working with their staff, service dogs, or service dogs in-training and that the above client and or legal guardian(s) (as specified on page 1), their heirs, executors and administrators may have or accrue against ARIZONA GOLDENS LLC, its representatives, agents, employees, and volunteers.

I also understand that I will be responsible for any costs of any service or medical treatment provided by 3rd parties not covered by insurance of ARIZONA GOLDENS LLC. I understand and agree that in the case of an injury or death, the client's own personal insurance shall be the primary insurance utilized to pay for 3rd party services or medical treatment.

In case of emergency, I understand that every effort will be made to contact the emergency person list on page 2. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of ARIZONA GOLDENS LLC or the hospital/medical staff to hospitalize and secure proper treatment (including surgery) for the injured party.

I authorize ARIZONA GOLDENS LLC, and its employees, staff, or volunteers to release sensitive information contained in this application or in private conversations, recorded conversations, video, photos, and other methods to the Hospital, Treatment Facility, and applicable medical staff, and authorities such as Police, Paramedics, or Fire personnel.

These above-mentioned authorizations include not just myself, but also applies and includes authorizations for my child or children listed in this application.

I agree that any current or future disputes be resolved first through Arbitration within the Phoenix Metropolitan area.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signatures Required	
Client/Child's Name: _____	
Client/Child's Signature: _____	Date _____
Legal Guardian 1 Name & Signature: _____	Date _____
Legal Guardian 2 Name & Signature: _____	Date _____

Should you have any questions, please contact our Manager Brian Daugherty at:

Direct Line: (480) 508-7381 **Email:** azgoldensllc@gmail.com
Mailing address: PO Box 40776 Mesa, Arizona 85274-00776



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Other Application Stipulations

I understand that the sensitive information provided in this application is for the sole purpose of evaluating the potential fit of my condition and needs with a potential AZG Service dog as per the separate information release form.

I understand fully that due to certain circumstances, such as income, dangerous environment, or other circumstances, I may not qualify to continue with the process to receive a service dog and the \$75 application fee and any applicable travel expenses are non-refundable.

I fully understand, authorize and aware that any phone conversations or in-person meetings with AZG or its staff may be video recorded or audio recorded for safety, documentation, legal, and promotional or other purposes and may be released to 3rd parties without any compensation to myself or my child. I fully consent to these recordings and this consent extends in perpetuity and applies to all interactions with AZG or its staff.

I understand that any service dog, or service dog-in training I work with at any time during the application process, training, or boot camp process, is the sole property of Arizona Goldens LLC. I understand that I have no legal rights or otherwise to any said dog until I pay for as well as fully execute all contracts and complete all provisions, requirements, milestones, and tests stated in those contracts. If Client fails to return the service dog, training manuals, and equipment back to AZG or its staff's physical possession immediately upon request by AZG, Client authorizes our lawyer to have a Judge to issue a legal order, without need for a lawsuit, for a police, sheriff, or other law enforcement personnel to respond within all appropriate and legal means to secure the dog and our equipment back into AZG physical possession immediately. All fees incurred will be the responsibly of the Client to pay or reimburse to Arizona Goldens LLC

I understand that due to changing medical conditions, changing program requirements, and other situations, this application is only good for 1 year from the date that the application was submitted to AZG. Clients, who need to fundraise or continue the application process past 1 year, will need to resubmit their application for approval.

I understand that AZG and its employees, volunteers, and processes does not discriminate based on Race or Color; National Origin; Religion; Sex; or Familial Status.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signatures Required	
Client/Child's Name:	_____
Client/Child's Signature:	_____ Date _____
Legal Guardian 1 Name & Signature:	_____ Date _____
Legal Guardian 2 Name & Signature:	_____ Date _____

***Remember to include in your mailing of the application: a copy of your doctor's Prescription for a Service Dog, if applicable, a copy of child's IEP (individualized education program), other documentation and the \$75 Application Fee!**

Should you have any questions, please contact our Manager Brian Daugherty at:
Direct Line: (480) 508-7381 **Email:** azgoldensllc@gmail.com
Mailing address: PO Box 40776 Mesa, Arizona 85274-0077



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Photo & Video Release Form

I, the undersigned, do hereby consent and agree that Arizona Goldens LLC (“AZG”), its employees, or agents have the right to take photographs, videotape, audio or digital recordings of me, my child, or my dependent and to use these in any and all media, including print and online, now or hereafter known.

This includes authorization to record all phone conversations for documentation and other purposes, along with authorization for video, audio, digital, and photographic recording is in effect from the date this is signed into perpetuity. I give AZG and or its staff the consent to release these recordings to various 3rd parties at AZG’s discretion.

I further consent that to use of mine or my child’s name and identity may be revealed therein or by descriptive text or commentary and may contain certain information that is protected under the Health Insurance Portability & Accountability Act (“HIPAA”). These disclosures are dictated by AZG HIPAA Privacy Notice located on our website or provided to you.

This release of photo, video, and in-person account information includes, but not limited to:

- Starting, current, or ending communication levels,
- Information relating to the client’s progress in AZG programs,
- Interactions between staff, equipment, and service animals,
- Personal stories about progress from family members,
- Behavioral Patterns including progress in treatment of self-stemming, self-injurious behaviors, or repetitive behaviors or sleeping patterns,
- Service dogs performing their activities for the Client
- Or during the training process of bootcamp.

I do hereby release to Arizona Goldens LLC, its agents, and employees all rights to exhibit this work in print and electronic form including online, publicly, or privately and to market and sell copies. I understand that video, picture, or references of myself or my child may be included in other products or marketing materials that AZG may produce for sale or for advertising the benefits of their programs. I waive any rights, claims, or interest I may have to control the use of my or my child’s identity or likeness in whatever media used and whatever venue it was used in.

I understand that there will be no financial or other remuneration for recording me or my child, either for initial or subsequent transmission or playback.

I also understand that Arizona Goldens LLC is not responsible for any expense or liability incurred because of my or my child’s participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, and if applicable legal guardian of the child and have read and understand the foregoing statement and am competent to execute this agreement. All consents incorporated into this release will be from date signed below in perpetuity.

Signatures Required

Client/Child’s Name: _____

Client/Child’s Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____



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Service Dog Overview

Please review the Service Dog Overview located at:

<http://www.azgoldensllc.com/azg-sdoverview>

Please Note: These links may change over the course of time and with website updates. Always refer to our main website for current links to these pages. Our website is permanently located at:

<http://www.azgoldensllc.com/>

I represent that I am at least 18 years of age, and if applicable legal guardian of the child and have read, understand, and agree to the provisions stated in the Service Dog Overview & this application

Signatures Required

Client/Child's Name: _____

Client/Child's Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____



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AZG Refund Policy

Clients requesting a refund must be responsible for all reporting requirements and distribution back to any, if at all, donors toward their service dog. Only written request from contracted clients, or their estates, will be accepted. All communication including requests for refunds must be received in writing and delivered via mail to:

Arizona Goldens LLC P.O. Box 40776 Mesa, AZ USA 85274-0776

Prior to Boot Camp Scheduling or starting to work on the client's behalf:

Prior to starting the work specifically for the client's needs, including but not limited to scheduling of boot camp start date and making boot camp arrangements, the client can provide a written request mailed to above mentioned AZG address for a full 100% refund of all funds deposited towards their service dog minus the \$4,000 non-refundable deposit, home interview costs, fundraising assistance cost, travel expenses, legal expenses, Custom Training Fee, Additional Purchase costs, no-returnable equipment, any applicable taxes or reserves for tax consequences, and the initial application fee.

After funds are fully deposited with AZG, Boot Camp has been Scheduled, or starting to work on the client's behalf.

After the funding for the service dog is deposited at Arizona Goldens LLC and they start work on behalf of the client specifically, if:

- The client elects to cancel the training & placement process at any time prior to passing the Public Access Test & graduation from bootcamp process (regardless of if the Final Placement Contract is signed) (*Note: If canceled during the bootcamp placement process, very little or no refund will be available due to AZG expending their time & expenses to that point*).
- Client passes away or can no longer utilize a service dog,
- Fails to pass all required tests with a score of 90% or better,
- Fails to meet all required training & placement processes or milestones,
- Misses scheduled dates or deadlines for submittals of information to AZG,
- Is late to any scheduled meetings more than 2 times for longer than 20 minutes without notification and approval from AZG or its staff,
- Fails to follow instructions from AZG staff,
- Is disrespectful or belligerent to any of AZG staff or volunteers,
- Injures or neglects the service dog while in their possession,
- Violates any provisions of this contract, provisions in the initial Service Dog Application, or any other contract provisions between the two parties,

Then Arizona Goldens LLC retains the right to stop the boot camp and/or training process immediately. Client must return all materials, equipment, and the service dog physically back to Arizona Goldens LLC or their staff's possession immediately. Client will reserve the right to request a refund in accordance with the above contract stipulations and the refund calculation formula on the following page. AZG will provide a written Refund Request Report within 90 days of receiving the written notification dictating all the applicable costs under this refund policy (Client will be notified if report takes longer). ***Note: Stopping or canceling within the boot camp process or at the end of the Boot Camp process (or as you near the boot camp start time), may result in no funds available for refund or a very small refund amount since AZG has incurred a significant amount of time and costs working on behalf of the Client up to that point. AZG Starts calculating the time based on the initial contact from the Client and/ or Legal Guardian.***

If Client fails to return the service dog, training manuals, and equipment back to AZG or its staff's physical possession immediately upon request by AZG, Client authorizes our lawyer to have a Judge to issue a legal order, without need for a lawsuit, for a police officer, sheriff, or other law enforcement personnel to respond within all appropriate and legal means to secure the dog and our equipment back into AZG physical possession immediately. Client acknowledges during this time, AZG is the full and complete owner of the Service Dog and client has no ownership rights. All fees incurred will be the responsibly of the Client to pay or reimburse to Arizona Goldens LLC.



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AZG Refund Policy Continued...

Refund Calculation Formula

Total Deposited Funds

- Minus Non-Refundable \$4,000 Deposit
- Minus All Out Of Pocket, Custom Training Fee, or Additional Costs for a Particular Canine (*see proposal*)
- Minus All Client Related & Boot Camp Expenses (This includes Certification & Public Access Testing fees, *room rentals, fundraising expenses, the total time spent working on the client's case at \$200 per hour, and any other expenses directly relating to the client including recovery fees, even if it exceeds the Total Cost of the Service Dog in original contract*)
- Minus all home interview & boot camp travel expenses (if applicable)
- Minus any legal expenses (*including any arbitration/mediation costs, see above*) or commissions paid
(*to AZG staff or contractors*)
- Minus any unreturned equipment not in original packaging (*cannot returned used*)
- Minus Applicable Local, State, Federal taxes or tax consequences (*30% minimum withholding*)
- Minus Initial Service Dog Application Fee & Home Interview costs
- = ***Total Amount Refunded to Client***

After Boot Camp Completion & Graduation (Before or After Final Placement Contract Signing)

After the successful completion of the Boot Camp Placement Process & passing all milestones, requirements, and tests at 90% or higher the **Client/Legal Guardian** will be notified via phone call, text message, email, or other notice from AZG that they have graduated from the Bootcamp Process.

The **Client/Legal Guardian** will sign the Final Placement Contract & other documents for their service dog. At this time, legal ownership (99% level, 1% retained by AZG) of the service dog is transferred officially to the client.

At the time of graduation, contract signing, or anytime in the future, there will be no refunds of any form, at any time, for any reason. There will be no replacement of another service dog if issues or conditions arise in the future that result in the service dog no longer being able to work or meet the client's wishes.

Please Note:

- The return of funds that have been deposited over the course of two fiscal tax years (calendar year end) for AZG may have tax consequences and implications. This will result in lower refunded amount back to the client. In all cases we must reserve a minimum of 30% of the deposited funds for tax purposes in all cases, no exceptions.
- Funds received by 3rd party sponsors, donors, trusts, or grants received by AZG on behalf of the client cannot be refunded directly back to the client and may have other stipulations made by the funding institutions that may affect the client, their fundraising efforts, and any refund.
- Arizona Goldens LLC, its staff, or volunteers is not responsible for dealing with, communicating, notifying, or responding to 3rd party sponsors, donors, trusts, or grants received on the Client/Legal Guardian's behalf in the case of a refundable situation as described above. It's the client's responsibility to notify them and coordinate the refund.
- Client/Legal Guardian acknowledges and agrees to hold Arizona Goldens LLC, its staff, or volunteers not legally, financially, or otherwise responsible for any differences between the deposited funds from 3rd party sponsors, donors, trusts, or grants received on the Client/Legal Guardian's behalf and the amount dictated from the above refund policy calculation. Any differences will be the financial and legal responsibility of the Client to satisfy.
- Client/Legal Guardian acknowledges and agrees that they may be held personally responsible by 3rd party sponsors, donors, trusts, or grants for the difference between the amounts deposited on the Client's behalf by the 3rd party and the refunded amount.
- Client/Legal Guardian acknowledges and agrees that they will be responsible for extra time billed by AZG for preparation of the Refund Request Report and responding to Refund, Arbitration, or any other communications.



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AZG Refund Policy Continued...

I understand and agree to the conditions stated above.

*If for any disputes for refunds, both parties agree to Arbitration in the State & Municipality that AZG is based at the time. Both parties agree that the Arbitration will **BE LIMITED IN SCOPE** to only the fiscal amount of refund owed (along with applicable fees & arbitration costs as defined below) to both parties based on the provisions of this Contract for Services Agreement, Refund Policy & Formula, & information included in the Refund Request Report only.*

If necessary, Arbitration will be done by an Arbitrator that is mutually approved by both parties & an active member of the American Arbitration Association.

All arbitration costs, including legal expenses, insurance deposits/deductibles, additional time & expense of AZG staff at \$200 per hour, will be the responsibility of the Client and paid prior (with estimate of time) prior to filing for Arbitration, mediation, or any legal action. Client/Legal Guardian waives all rights to any and all claims for physical or financial injuries and agrees not to bring a lawsuit for any reason at any time against AZG, it's owners, staff and assigns.

Any other legal disputes must be filed within the State & Municipality that Arizona Goldens LLC is headquartered at the time of the dispute. Please refer to Liability Waiver & other provisions of this Contract For Services Agreement.

Signatures Required

Client/Child's Name: _____ Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____



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Health Insurance Portability & Accountability Act (HIPAA) of 1996 Notice & Acknowledgement

I, the undersigned, do hereby consent and agree that Arizona Goldens LLC (“AZG”), has provided a Privacy notice on my or my child’s rights to medical information, its use, disclosures, and safeguards also located at:

<http://www.azgoldensllc.com>

I understand that these Procedures and disclosures may change and that AZG will do it’s best to keep me informed of these changes. I agree to the stipulations and procedures outlined in the privacy notice and in other contracts or applications with AZG, and any non-approved items I will notify AZG in writing to the following address:

**Arizona Goldens LLC
P. O. Box 40776
Mesa, Arizona 85274-0776**

I affirm and agree to the limited release of my or my child’s information to a 3rd party including but not limited to arbitration (in my case only, not to be released in other arbitration cases), donor inquiries, media inquiries, online postings, consumer protection agencies, etc. in response to a claim or dispute. The release of information shall be limited to what is necessary and pertinent to address and satisfy the claim or dispute. Client agrees to release all pertinent information under any specific court order given to AZG. If the client wishes to restrict this release of information in the case of a claim or dispute, they should provide a written notification to above address and include a detailed list of the non-approved items. By signing this statement, you agree to release or disclose the information in the specific case of a claim or dispute and that this may supersede stipulations, requirements, and protection procedures in the HIPAA or our HIPAA Privacy notice.

I represent that I am at least 18 years of age, and if applicable, legal guardian of the child and have read and understand the foregoing statement, and am competent to execute this agreement.

Signatures Required

Client/Child’s Name: _____

Client/Child’s Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____



SERVICE DOG TRAINING PROGRAMS

Phone: (480) 508-7381 www.AzGoldensLLC.com Email: AzGoldensLLC@gmail.com

Client Acknowledgement For Receiving Grants or Donations Directly To Arizona Goldens LLC

This form is intended for *Clients/Legal Guardian(s)* who are under contract with Arizona Goldens LLC (“AZG”) and intend to apply for grants or solicit for donations that the Grant Making Organization or individual donor(s) require the funds to go directly to an organization (such as AZG) instead of the client themselves.

I _____ (*herein referred to as “Clients/Legal Guardian(s)”*) agree that the funds from those specific individuals or granting organizations can be deposited directly into AZG’s Bank Accounts and credited to the *Clients/Legal Guardians’* account and balance due as per the granting or donor instructions.

The *Clients/Legal Guardian(s)* fully understand and acknowledge that the funds deposited, credited, or applied towards their invoice’s due for their service dog may have additional restrictions on such funds made by the individual donor or grant making organization. These restrictions can include, but not limited to:

- **Priority in the refund process** (this includes that the donor or granting organization must be refunded in full-or in part if pro-rated, for the initial grant amount prior to the client receiving any refund. This could result in the *Clients/Legal Guardian(s)* not receiving any funds back from a cancelled contract or failure to pass the boot camp tests or the *Clients/Legal Guardian(s)* being personally responsible to return the entire amount of the grant to the initial organization)
- **Automatic Refunds to Grantor-** At the end of a tax year, typically by December 12th, many grants require that the funds be utilized by that time or returned to the grant making organization to avoid any adverse tax consequences. This could adversely affect your balance due and your fundraising efforts and may require you to reapply to the grant making organization again.
- **Possible Tax Consequences** – If fundraising overlaps fiscal years, we are legally required to document all income and pay taxes on those funds during that fiscal year. Although you may be credited for the full amount of the donation, if you cancel the contract or fail to pass all boot camp requirements as per the refund policy, the full amount may not be available for refund because of the overlap in fiscal years and the taxes already paid.

The *Clients/Legal Guardian(s)* fully understand and acknowledge that no funds will be dispersed back to the donor or grant making organization, except for the specified conditions above, without going through the contract cancellation and refund process with everything documented and in writing mailed to the address on the AZG Refund Policy.

The undersigned acknowledge that they understand that as per initial application and contract, each client is required to pass all tests, milestones, and requirements as per contract, with a score of 90% or better to graduate boot camp and be placed with a service dog. If a client does fail to meet the minimum requirements set out by industry requirements & guidelines along with AZG requirements, then they will not receive a service dog.

You agree, under the AZG Refund Policy, that once we start working for each client and preparing a service dog directly for their needs prior to boot camp, we do incur unrecoverable expenses that cannot be refunded to the client or donor/grant making organization. **In most cases a 100% refund is not possible.** (Refer to AZG Refund Policy)



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Client Acknowledgement For Receiving Grants or Donations Directly To Arizona Goldens LLC Continued...

Any funds donated directly to the individual's **AZG** account instead of to the client will be pro-rated according to the formula located on the **AZG Refund Policy** in place at the time the client signed their contracts with **AZG**. Any refunds can only be processed if the client themselves has submitted the appropriate refund request in writing to **AZG**. If the client has not requested a refund, **AZG** would suggest the Donor contact the client directly to start that process.

Arizona Goldens LLC, it's staff, or volunteers is not responsible for dealing with, or Arizona Goldens LLC, it's staff, or volunteers is not responsible for dealing with, communicating, notifying, or responding to 3rd party sponsors, donors, trusts, or grants received on the Client's behalf in the case of a refundable situation as described above. IT's the client's responsibility to notify them and coordinate the refund.

Client acknowledges and agrees to hold Arizona Goldens LLC, it's staff, or volunteers not legally, financially, or otherwise responsible for any differences between the deposited funds from 3rd party sponsors, donors, trusts, or grants received on the Client's behalf and the amount dictated from the above refund policy calculation. Any differences will be the financial and legal responsibility of the Client to satisfy.

Client acknowledges and agrees that they may be held personally responsible by 3rd party sponsors, donors, trusts, or grants for the difference between the amounts deposited on the Client's behalf by the 3rd party and the refunded amount.

The **Clients/Legal Guardian(s)** fully understand and acknowledge all these above-mentioned conditions and those in the "AZG Frequently Asked Questions" page currently located at:

<http://www.azgoldensllc.com/faq>

but may change from time to time, please refer to our main website.

The **Clients/Legal Guardian(s)** fully understand and acknowledge this acknowledgement and conditioned herein are an addendum to the client's original Fundraising contract. All contract provisions shall adhere to the laws of the United States of America and the great State of Arizona. All legal disputes, notifications, etc. shall be filed within the State of Arizona. If any provisions of this contract are declared void or invalid by a court of law, that provision is to be removed without invalidating or voiding the other provisions of this contract or any other contract with **AZG**.

Signatures Required

Client/Child's Name: _____

Client/Child's Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____



SERVICE DOG TRAINING PROGRAMS

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Additional Documents To Be Attached Or Submitted

In addition to filling out the above application information you will still need to pay the application fee of \$75 +Credit Card Processing Fee ([Click Here to Pay Online](#)) and attach the following documentation in order for us to process your application & schedule a home interview:

Additional Documents

(Download the forms at: <https://www.azgoldensllc.com/forms>)

- Prescription for a service dog or letter of medical necessity
- Copy of the IEP (Individualized Education Plan) if it is a child placement.
- At a minimum, 2 social style survey sheets to be submitted. One is done by you on how you see yourself or your child. Other is a family member, friend, or therapist fills out.

Please scan and attach or submit the application along with any additional documents to email them to:

AzGoldensLLC@gmail.com

Or Fax them to:

1 (866) 674-3186

Or Mail them to:

Arizona Goldens LLC

P.O. Box 40776
Mesa, AZ 85274