

CARES, Inc. requires two letters of reference MUST accompany this application

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

If you understand and agree to the terms, sign below.

1. I agree to participate in an interview session.
2. I agree to assume financial responsibility for my assistance dog.
3. I agree to provide health care for my assistance dog.
4. I agree to participate in team training sessions.
5. I agree to reimburse CARES, Inc. \$2500.00 for necessary equipment, training, medical care and etc. for my assistance dog,
This amount is non-refundable; CARES, Inc has an unconditional guarantee on their canine assistants

IMPORTANT NOTICE: April 1, 2000, the CARES, Inc. Executive Board put into effect the following policy: a \$25 administrative fee must be returned with this application in order for you to be placed on our active waiting list for an assistance dog. If the application is received without the \$25 fee your application will be placed in an "inactive" file until the fee is received. Checks or money orders should be made payable to CARES, Inc.

This application MUST be signed and the administrative fee be sent before CARES, Inc. will open a file in the applicant's name and put on our active waiting list.

Signature _____

Parent/Guardian (if under age of 18) _____

Revised 4-08-08