



## Service Animal Support Grant Application

Date: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Veterinary Practice: \_\_\_\_\_

Practice Address: \_\_\_\_\_

\_\_\_\_\_

Practice Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Animal Owner's Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Owner's Email: \_\_\_\_\_

Animal Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Is the animal active, retired, or still in training? \_\_\_\_\_

If active, how long on the police force or in service? \_\_\_\_\_

**Please provide your diagnosis and prognosis statement below, and describe or attach the treatment plan:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Itemized cost associated with treatment: (can include staff time. Also attach a list of itemized costs to this form.)**

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**Reimbursement request amount:** \_\_\_\_\_

**Outcome of treatment:**

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**Other comments or notes:**

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**I have completed the form honestly and to the best of my knowledge of the facts related to treatment.**

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**Signature**

**Submission Date**

**Mail to:** IAHF, c/o SAS, 201 South Capitol, Suite 405, Indianapolis, IN 46225 or fax 317/974-0985

**Questions:** Email [info@invma.org](mailto:info@invma.org) for more information. *Thank you for your participation in the Service Animal Support (SAS) Program of the Indiana Animal Health Foundation. (5/13)*