



SERVICE ANIMAL SUPPORT GRANT APPLICATION

Date: _____ Veterinarian: _____

Veterinary Practice: _____

Practice Address: _____

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:

Itemized cost associated with treatment - can include staff time. Attach a list of itemized costs to this form.

Reimbursement request amount: _____

Outcome of treatment:

Other comments or notes:

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

Signature

Submission Date

Mail to: IAHF, c/o SAS, 1202 E. 38th Street, Suite 200, Indianapolis, IN 46205 or fax: 317/974-0985

Questions: Email info@invma.org for more information.

Thank you for your participation in the Services Animal Support (SAS) Program of the Indiana Animal Health Foundation. Grant applications are reviewed quarterly by the SAS Grant Review Committee.