



## Service Animal Support Grant Application

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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, 1202 East 38<sup>th</sup> Street, Discovery Hall Suite 200, Indianapolis, IN 46205 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.