



# N·H·C·S·S·D

*NH Coalition for the Support of Service Dogs*

## Client Application

Date of application. \_\_\_\_\_ *\*\*\*Must renew application every year.\*\*\**

Do you fall at or below the poverty level?  Yes  No

Have you received financial aid for your service dog from any other sources in the last year?  Yes  No

Must reside in the State of New Hampshire.

Must have a record of vet visits at least two years back and up to date on all shots.

The client will receive one exam, annual shots, and a blood draw or \$198.00 credited to your account at the vet. *\*\*\*NHCSSD or Vet are not responsible for any additional procedures or medicines.\*\*\**

Clients may apply for additional medical assistance up to \$500.00 (i.e. for medications, surgery, etc.). *\*\*\*Limit of one application per year. Being an NHCSSD client does not guarantee that you will receive assistance.\*\*\**

Client name \_\_\_\_\_ Please attach copy of service dog certification or other proof that verifies it as a service dog.

Client address \_\_\_\_\_  
City State  
\_\_\_\_\_ Please attach copy of veterinarian records for the last two years.  
Street

e-mail \_\_\_\_\_

Phone # \_\_\_\_\_

Please attach a typed note telling us a little about how having this service dog has been beneficial to you and what tasks the dog performs.