

# Service Dogs NH (SDNH)

## Veterinary Support for Service Dogs

# Client Application



## Service Dog Medical Expense Funding Assistance

Thank you for your interest in applying for funding assistance through Service Dogs NH (SDNH). SDNH is committed to educating and enhancing public awareness on the role of service dogs and in helping service dog owners cover the costs of veterinary care and medicines.

To qualify for funding assistance, please provide the following information and proof of status:

- Qualified proof as the owner of the service dog (a copy of the city issued dog license required by RSA 466:1)
- Evidence of financial need (see attached)
- A letter sharing what you value about your service dog and examples of the types of tasks that he/she performs for you

Please provide the following information:

Your Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Name/Breed of Service Dog \_\_\_\_\_  
Veterinarian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Is your income considered at or below the Federal Poverty Level (FPL)? ☐ Yes ☐ No

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

Please note that any funding assistance provided is made payable directly to the veterinarian through receipt of a qualifying invoice. The veterinarian must be an approved SDNH member or apply for membership at no cost. We can assist with the membership application process if necessary.

Clients may apply for up to \$2,000 per year in medical assistance. (i.e. medications, surgery, and other procedures). If the \$2,000 limit is not exceeded in a year, you may submit another proposal with the required information. You must attach a quote from your vet for expected services.

**\*\*\*Being an SDNH client does not guarantee that you will receive assistance.**

**SDNH and veterinarian are not responsible for any additional medicines or procedures.**

**SDNH may not be able to help in emergency situations as the application process takes time.\*\*\***

Please sign, and date this form and return the original to us along with all applicable support documents.

I certify that the above statements are true to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Media Release & Testimonial

We value our relationship with you as an SDNH Client or volunteer. As part of fulfilling our mission, we routinely promote SDNH and the ongoing work that we do in both off- and on-line communication channels. As a qualifying Client or volunteer of SDNH, we invite you to consider being a part of this outreach. Please review the following release statement, sign and date the form indicating your choice and return it to us for our records.



I hereby grant to SDNH, their successors, and their assignees the right to photograph and/or video record me and/or my dog and use my name, my dog's name, the images, video footage on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such content at their discretion.

I hereby release SDNH, their successors, and their assignees using our names, images and/or video recording pursuant to this media release from any and all claims, damages, liabilities, costs, and expenses which I now have or may hereafter have by reason of any use thereof. I understand that the provisions of this release are legally binding.

Please check one: ☐ I consent ☐ I do not consent

Signature \_\_\_\_\_ Date \_\_\_\_\_

If a minor, Parent/Guardian Signature \_\_\_\_\_

Witness \_\_\_\_\_ Signature \_\_\_\_\_

(Please print)

If providing consent, please indicate below how your name should appear in SDNH media messaging for Service Dogs NH (SDNH).

Your Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name/Breed of Service Dog \_\_\_\_\_

Facebook \_\_\_\_\_ Instagram \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Veterinary Support for Service Dogs



Please check one: ☐ Ok to publish with my name ☐ Please publish anonymously

By signing below, I authorize SDNH to publish the testimonial as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

BUDGET WORKSHEET			
Client Name			Date
Family, Spouse, Sig Other Name			Date
Average Monthly Income			
	Self	Spouse/Partner	Comments
Wages			
Social Security			
Child Support			
Rental Income			
Unemployment			
TANF			
SNAP			
Other			
Total Household Income			
Average Monthly Household Expenses			
	Amount		Amount
Auto – Payment/Lease		Personal Care	
Auto – Fuel		Pet Food/Care	
Auto - Insurance		Recreation	
Childcare		Savings	
Child Support		Student Loans	
Children’s Activities		Other Loans	
Clothing		Tuition, Supplies, Hot Lunch	
Credit Cards - Minimum		Utility – Cable TV – incl subscripts	
Dining Out		Utility – Cell Phone	
Groceries (Incl SNAP)		Utility - Electricity	
Health/Dental Insurance		Utility – Gas/Oil Heat	
Home Rental Insurance		Utility - Phone	
Life Insurance		Utility – Trash Disposal	
Prescriptions		Utility - Water	
Medical Co-Pays		Utility - Wood	
Membership Fees		Storage	
Mortgage/Rent		Alimony	
Prop Tax (not included in mortg)		Other	
Laundry			
Total Average Monthly Expenses			
Assets and Comments			
	Value	Comments	
Checking Balance			
Savings Balance			
Cash on Hand			
Total Available Assets			