

# 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
- A photo of you with the dog.

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.

**\*\*\*Under NH State law, it is a misdemeanor to misrepresent a dog as a service dog and can result in fines of \$1,200.**

**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 \_\_\_\_\_

BUDGET WORKSHEET			
<b>Client Name</b>		<b>Date</b>	
<b>Family, Spouse, Sig Other Name</b>		<b>Date</b>	
Average Monthly Income			
	<b>Self</b>	<b>Spouse/Partner</b>	<b>Comments</b>
Wages			
Social Security			
Child Support			
Rental Income			
Unemployment			
TANF			
SNAP			
Other			
<b>Total Household Income</b>			
Average Monthly Household Expenses			
	<b>Amount</b>		<b>Amount</b>
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			
<b>Total Average Monthly Expenses</b>			
Assets and Comments			
	<b>Value</b>	<b>Comments</b>	
Checking Balance			
Savings Balance			
Cash on Hand			
<b>Total Available Assets</b>			

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

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