

Financial Aftercare Assistance Checklist

Please be sure **all of the below items** are included with your application

If you *already have* a service dog:

- Aftercare Assistance Application
- Current Shot Records for your service dog
- Current Weight Form for your service dog (within the last 2 months)
- Signed Discount Agreement with Veterinarian
- 2016 W-2 with Tax Return and/or 2016 Form SSA-1099 (Social Security Benefit Statement) for all household members
- Copy of Release of Veterinary Records

If you have *not yet received* your service dog and you will be in need of financial assistance for your dog (application may be submitted no earlier than two months before your scheduled training camp):

- Aftercare Assistance Application
- Signed Discount Agreement with Veterinarian
- 2016 W-2 with Tax Return and/or Social Security Benefit Information for all household members

FAQ's

- **Why does Canine Assistants make us submit all these details about our finances?** Canine Assistants was established 23 years ago in order to help those that could benefit by the help of a service dog. Since that first year our waiting list has grown considerably, and the demand on our resources is overwhelming. We want to provide aftercare for those that truly need the help, and ask those that can afford to do so, to cover the care for their dogs. This allows us to help as many people as we can.
- **I don't make enough money to file for taxes, what information do you need from me?** Please submit your Social Security benefit letter.
- **My child is under 18, do I need to submit my tax information?** Yes, all members in the household need to submit tax information or Social Security benefit letters.
- **My child is over 18 but still lives at home. What information do you need?** As the application says, all members of the household need to submit tax information or their Social Security benefit information.
- **My child lives at home and is over 18 but pays their own expenses including rent to us. Do you still need our information?** Yes, we still need tax information for all household members. If the applicant is paying rent to their parents, please fill out the application for monthly expenses accordingly.
- **I'm not sure if my veterinarian will offer a discount. Do you need a confirmed discount?** The board requires that you are working with a veterinarian that offers some type of discount, whether it is a percentage or no charge for office visits, etc...
- **My veterinarian offers a discount but he just doesn't charge me for things or it is different each time, will this work?** We prefer to have some type of discount in writing. Unfortunately, we have had to start asking for this in writing, to avoid any miscommunication.
- **We use Canine Assistants as our veterinarian. Do we need to apply for financial assistance?** If there is any chance that in an emergency, you would need to use another vet clinic, apply for financial aid for emergencies only.
- **We can handle the regular expenses like food and annual visits but might need help in an emergency. Should we apply?** Yes, apply and please write that in the section that asks for reasons for after-care assistance.
- **How long will it take for me to be reimbursed?** It will take a minimum of 30 days from the date that the invoice was submitted.

Canine Assistants After-Care Assistance Application
(For the year 5/1/2017 through 4/30/2018)

Applicant's Name _____
E-Mail _____
Applicant's birthdate _____
Dog's Name _____ Camp Attended/Attending (Month/Year) _____
Phone _____ Phone 2 _____
Physical Address _____

Mailing Address (if different than physical address) _____

Employed by _____ Emp. Phone _____
Employer Address _____
How Long? _____ Position _____

ADDITIONAL INFORMATION:
Parent / Guardian / Spouse(circle one) Name _____
Address(if different from above) _____
_____ Phone _____

Employer _____ Emp. Phone _____
Employer Address _____
How Long? _____ Position _____

List all other household members and ages _____

List Other Pets (including farm animals) _____

Do you own your home or rent _____
What is remainder on mortgage _____
Please list all vehicles (make/model/year) in household _____

Your Veterinarian's Information (**please also include signed discount letter from veterinarian**):
Name: _____
Address: _____

Phone: _____
Discount Agreed to: _____
Contact Person: _____

I hereby represent that this application is true and accurate and fully reflects my financial condition on the date shown below.

By executing and returning this financial aid form, you give Canine Assistants express permission to run a credit check verifying the information submitted.

Applicant or Guardian Signature _____ Date _____

Spouse Signature _____ Date _____

I affirm that the information listed on this application is true and correct to the best of my ability. I release to Canine Assistants the authority to verify the above information in the course of determining my need for financial assistance by that organization.

Name (Please print)

Signature

Date

I am signing this application on behalf of _____, minor child.
(Please print)

***For questions email financialaid@canineassistants.org
or call Lauren at 800-771-7221 x210***

***3160 Francis Road; Milton, Georgia 30004
Fax 770-664-7820***



Canine Assistants.

Dear Vet Clinic,

Canine Assistants® is a non-profit organization, founded in 1991, which trains and provides service dogs for children and adults who have physical disabilities or other special needs. In addition to physically assisting those who have disabilities, Canine Assistants service dogs are instrumental in removing many of the barriers faced by those who have disabilities in today's society. Once Canine Assistants® places dogs with their human partner, we do our best to help care for the health of our dogs for their lifetime. If needed, we will provide lifetime veterinary care and food for our dogs in service.

Because we function on donations, we are looking for help from veterinarians across the country. We were hoping that we could ask for your help by offering our recipients a "service dog" discount for services rendered. By offering one of our service dogs a discount for services, this allows us to use more of our funds into placing more of these amazing dogs with people in need. Also, any discounts you are able to give on services are tax deductible. At the end of the year, we would be happy to send you a receipt if you mail us a copy of the total amount of money discounted for that year. If you have any questions, feel free to browse our website at: www.canineassistants.org or call our office 1-800-771-7221 (our on site veterinary clinic can be reached at extension 211).

Thank you in advance for your consideration,

Canine Assistants



Canine Assistants.

Date _____

To Whom It May Concern:

_____ (*animal hospital*) is willing to
give _____ (*recipient*) and their *Canine Assistants*
service dog _____ (*dog name*) a _____ %
service dog discount on services for the year 2015/16.

_____ (*name printed*)
_____ (*signature*)
_____ (*title*)
_____ (*address*)
_____ (*phone number*)

Release of Veterinary Records

Please allow this to service as my authorization to release to Canine Assistants upon request any and all medical records about my service dog, _____.
You have my full permission to discuss all health and well-being issues about my service dog with Canine Assistants and supply all requested written records or documents.

Their contact information is as follows:

Jenn Ennis
Canine Assistants
3160 Francis Road
Milton, Georgia 30004
770-664-7178 x211
vetclinic@canineassistants.org

Thank you for your help with this matter.

Name

Date

Dog's Name:

Dog's Date of Birth

Canine Assistants Weight Management Form

Recipient Name: _____

Home Address: _____

Phone Number: _____

Dog's Name: _____

Ideal Weight

Dog's Placement DATE: _____

Placement WEIGHT:

Feeding Instructions:

* You may need to adjust the amount of food you are feeding your dog according to activity level and/or appearance. Feed less if your dog gains weight or if your dog is not getting as much exercise due to weather or inactivity. *

For Veterinary Use Only

Veterinarian's Name: _____

Veterinarian's Address: _____

Veterinarian's Phone Number: _____

Weight as of (MM/YY) _____: _____

Veterinarian's Signature: _____

Please return signed form directly to:

Canine Assistants Vet Clinic

3160 Francis Rd.

Milton, GA 30004

1-800-771-7221 ext. 211

Fax: 770-664-7820

vetclinic@canineassistants.org