



Canine/Service Animal Assistance Program

Application

For consideration in this calendar year, application must be received by December 1 by the GVMA Foundation
(Fax) 678-309-3361 or email foundation@gvma.net

GVMA member veterinarian nominating

Name _____ Practice _____

Address _____

City _____ Zip _____

Email _____ Phone _____

Client

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Person responsible for payment of veterinarian's fees _____

Relationship to client _____

Describe impairment and degree impairment of client:

Service animal:
Breed _____
Sex _____
Color _____
Age _____
Micro Chip number or tattoo _____

Date received GVMA Foundation:

Date approved:

Date denied:

Signature:

Signature of Veterinarian _____ Date _____

Signature of Client _____ Date _____