

Application for Reimbursement for Protective Equipment for Search Dogs

Submit completed form with a legible copy of your receipt to:

Eileen Nobles
NASDN Treasurer
3210 Cedar Heights Drive
Colorado Spring, CO 80904

Name of Applicant: _____
Street Address: _____
City: _____ State/Province: _____ Postal Code: _____
Dog's Name: _____ Dog's Primary Search Specialty: _____

The following equipment is pre qualified for funding. Requests for other protective equipment may be considered.

- Protective dog boots
- Cooling vests
- Lighted equipment for the dog to wear
- Flootation devices

You will receive reimbursement for only one item. See previous page for more details.

Items purchased for:

\$20.00 - \$90.00	qualify for	\$20.00
\$90.01 and up	qualify for	\$35.00

Description of Item: _____
Name of Vendor: _____
Actual Price paid: _____
Date of Purchase: _____

NASDN may suspend or discontinue this program at any time. You must be a member of NASDN to qualify.

I certify that the item listed in this request will be primarily used as safety or protective equipment for my canine partner in training or actual search activities.

Signature: _____ Date: _____