



Dog Aid Society of Scotland Limited

Established 1956

www.dogaid society.com

Dear Sir/Madam,

Veterinary Aid Scheme

Thank you for your telephone call today regarding the Society's Veterinary Aid Scheme. To be considered for the Scheme, please complete the enclosed application form. I must point out that no funding is guaranteed and the Society can only consider treatment that has taken place three months prior to the date of the meeting at which your case will be discussed.

If you would like to proceed with the application please:-

- **Complete, sign and return the enclosed form as soon as possible.**
- **Enclose a final itemised account of the bill or estimate from your vet.**
- **Enclose photocopy of a bank statement. This must show your name and address. This must also be dated within the past 3 months. If you receive benefits, please also provide proof.**
- **Make attempts to pay towards your outstanding account.**
- **Inform your Veterinary Surgeon that you have applied to the Society for assistance and that we may contact them, if you do not give authorisation to your vet and they are unwilling to discuss your case, we are unable to consider your application.**
- **Understand that we will not pay any costs towards pregnancy, caesarean surgery or any surgery as a result of not neutering your dog.**

Once your application has been received, you will be contacted to inform you the date of the next Directors meeting at which your application will be considered. It is helpful if you can provide as much information about your financial situation as possible. Please answer ALL questions on the form in order for the Directors to consider your application, failing to do this may mean we are unable to assist with your account.

If you require any further information, please do not hesitate to contact me on the above number.

Yours faithfully,

Lucy Taylor
Secretary

60 Blackford Avenue, Edinburgh, EH9 3ER

Tel: 0131 668 3633 | **Fax:** 0131 668 1063

Email: enquiries@dogaid society.com



DOG AID SOCIETY OF SCOTLAND
60 Blackford Avenue
Edinburgh, EH9 3ER

APPLICATION FOR VETERINARY AID

Name of Applicant..... Date of Birth.....

Address.....

Telephone Number.....

Details of Dog

Name..... Breed..... Size.....

Age..... Sex..... Colour.....

Neutered (Yes/No)..... How long have you owned your dog.....

Where did you get your dog from.....

Details of Dogs Condition:.....

.....

.....

Cost of Treatment

Reason why you are unable to afford the treatment

.....

Do you own any other pets apart from this dog?

.....

Do you work? If so, how many hours? What is your profession?

.....

If you have a partner, spouse or another adult who lives with you, do they work?.....

.....

Do you receive benefits, if so which ones (please provide proof)

.....

Is your home owned or rented (please provide details of mortgage or rent payments).....

.....

Please give details of your monthly earnings/incomings and outgoings

.....

.....

.....

Do you have any dependents? (please give ages of any children in the home)

Is your dog Insured. If not why?

From where did you hear about the Society's Veterinary Aid Scheme?.....

.....

Have you applied to any other organisation for financial help towards this account? If so which?

.....

Have you applied to the Society for assistance before?

PLEASE ENCLOSE ITEMISED VETERINARY ACCOUNT AND A PHOTOCOPY OF BANK STATEMENT

Veterinary Surgeon

Practice Name.....

Address.....

Telephone Number.....

I hereby certify that I am genuinely unable to afford the fees charged by Veterinary Surgeons in private practice.

Signature..... Date.....

PLEASE NOTE THE DOG MUST HAVE BEEN SEEN BY A VET BEFORE YOU CAN APPLY TO THE VETERINARY AID SCHEME.