



Dog Aid Society of Scotland Limited

Chairman
Mr D. Coghill
Honorary President
Mr J. Crawford
Secretary
Miss Lucy Taylor
Treasurer
Mr W. Stone

DASS, 60 Blackford Avenue
Edinburgh, EH9 3ER

Tel: 0131 668 3633
Fax: 0131 668 1063

Email: enquiries@dogaidssociety.com
Web: www.dogaidssociety.com

Dear Sir/Madam,

Thank you for your letter/phone call. Would you please complete the application form and return it to the office along with your proof of income and a stamp addressed envelope, which will allow your application to be processed. If accepted the Society shall pay £50 of the cost to have your dog castrated/spayed.

Please do not make any arrangements with your vet until you have had notice that you have been accepted for the Scheme.

Yours faithfully,

Lucy Taylor,
Secretary.

If we do not receive proof of income your application cannot be processed.

We require a photocopy of the two front pages of your benefit book or a letter from your benefit agency that has your name and address on it and states which benefit it is that you receive. The proof must be dated within the past 3 months and prove that you are still in receipt of payments. Please note that the Society's Neutering Scheme has strict guidelines and these cannot be deviated from. The voucher cannot be used along with any other charity discount.

Please check you have enclosed the following items:

- Neutering application form
- Proof of income
- Stamped addressed envelope *(If not included we cannot send the voucher)*



DOG AID SOCIETY OF SCOTLAND
60 Blackford Avenue
Edinburgh, EH9 3ER
Tel: 0131-668 3633

APPLICATION FOR NEUTERING

Name of Applicant

Address.....

Day Time Telephone Number.....

Details of Dog

Name Age Sex.....

Size(large,medium,small).....Breed or Cross.....

Details of Income

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To be accepted you must include your **Proof of Income** with this form. It must show your **name**, your **address**, the **type of benefit** you are on and be dated within the past 3 months. To be accepted you must be entitled to Jobseekers Allowance/Income Support/Housing Benefit/Disability Living Allowance (the highest rate only to qualify) /Pension or a Student Bursary/Grant.

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

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