



Dog Aid Society of Scotland Limited

Over 50 years of re-homing and caring for dogs



*Archie, re-homed by
DASS 2010*

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

60 Blackford Avenue
Edinburgh, EH9 3ER

Tel: 0131 668 3633
Fax: 0131 668 1063

E-mail: enquiries@dogaid society.com
Web: www.dogaid society.com

Dear Sir/Madam,

Thank you for your telephone call of 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 only in exceptional cases will the Society meet the full costs.

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 from your vet.**
Enclose photocopies of all the benefits you are in receipt of. This must be from the benefits agency and show your **name, address** and the **benefit** to which you receive. This must also be dated within the past **3 months**.
- **Inform your Veterinary Surgeon that you have applied to the Society assistance and that we may contact them.**

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

Yours faithfully,

Lucy Taylor
Secretary

DOG AID SOCIETY OF SCOTLAND
60 BLACKFORD AVENUE EDINBURGH EH9 3ER
TEL: 0131- 668 3633

APPLICATION FOR VETERINARY AID

Name of Applicant.....

Address.....

Telephone Number.....

Details of Dog

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

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

Details of Dogs Condition:.....

.....

Cost of Treatment

Reason why you are unable to afford the treatment

.....

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?.....

PLEASE ENCLOSE ITEMISED VETERINARY ACCOUNT AND A PHOTOCOPY OF PROOF OF INCOME

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 ALL TREATMENT MUST BE COMPLETE BEFORE YOUR APPLICATION CAN BE CONSIDERED.