



Dog Aid Society of Scotland Limited

Chairman
Mr D. Coghill
Honorary President
Mr J. Crawford
Secretary
Miss Sarah Lamb
Treasurer
Mr W. Stone

DASS, 60 Blackford Avenue
Edinburgh, EH9 3ER

Tel: 0131 668 3633
Fax: 0131 668 1063

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

Dear Sir / Madam,

Thank you for enquiring about our veterinary aid scheme. We are very sorry to hear of your problem and we will be pleased to consider an application for help under our Veterinary Aid Scheme. We must point out however, that as funds available are limited we are only able to help with a proportion of the veterinary fees and only in exceptional cases are we able to meet the full costs.

If you wish to apply for help will you please:-

- 1. Complete and return the enclosed form as soon as possible.**
- 2. Enclose an itemised account from your Veterinary Surgeon.**
- 3. Enclose a photocopy of ALL the benefits that you receive.**
This must be from the benefits agency and show your **name and address** and the **type** of benefit you are in receipt of dated within the past 6 months.
- 4. Inform your Veterinary Surgeon that we may be contacting him for further details.**

Your application will then be considered at our next monthly meeting. If in the meantime you require more information or the matter is particularly urgent please contact myself at the above address.

Please note all treatment must be completed before your application can be considered.

Yours faithfully,

Sarah Lamb,
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.