



**Dog Aid Society of Scotland**  
60 Blackford Avenue, Edinburgh, EH9 3ER  
[www.dogaidssociety.com](http://www.dogaidssociety.com)

**PLEASE READ BEFORE RETURNING YOUR APPLICATION**

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 your application.

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

- **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 proof of your benefits either by providing an award letter or a bank statement showing which benefit you are in receipt of. These must show your name, address and be dated within the past 3 months.**
- **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 regarding your account. Please ensure that you give authorisation to your vet that you are happy for them to discuss your application with the Society. Without this authorisation they will be unable to discuss any details with us.**
- **We do not pay any costs towards pregnancy or caesarean surgery.**
- **We do not cover any routine treatments such as vaccinations, flea/tick and worming treatments or microchipping.**
- **Declare any funding application/payments from other charities or fundraising carried out.**

Once your application has been received, we will contact you should we require any further information regarding your application.

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 Trustees to consider your application, failing to do this may mean we are unable to assess your application.

If you require any further information, please do not hesitate to contact the office on 0131 668 3633.

To find out how we use and protect any information you give us in this form, please see our privacy policy on our website [www.dogaidssociety.com](http://www.dogaidssociety.com) or contact us (see details below) and we will send you a copy of it.

**Tel: 0131 668 3633 | Fax: 0131 668 1063**  
**Email: [enquiries@dogaidssociety.com](mailto:enquiries@dogaidssociety.com)**



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Scottish Charitable Incorporated Organisation. Charity No: SC001918

APPLICATION FOR VETERINARY AID

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

Address.....

Telephone Number.....

Details of Dog

Name..... Breed..... Age.....

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

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

Details of Dogs Illness:.....

.....

.....

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?.....

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

.....

Are you actively fundraising to assist towards the bill? If so please give details.....

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Have you applied to the Society for assistance before? .....

**PLEASE ENCLOSE ITEMISED VETERINARY ACCOUNT AND A PHOTOCOPY OF A 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.**

To find out how we use and protect any information you give us in this form, please see our privacy policy on our website [www.dogaidssociety.com](http://www.dogaidssociety.com) or contact us (see details below) and we will send you a copy of it.