

**Financial Assistance Request Form**

**Client Name:**

**Home Address:**

**Contact Details:**

**Guide Dog:**

**What is your dog’s medical condition that has prompted this application?**

**What is the veterinary treatment required?**

**Please see the attached Financial Assistance Information Sheet.**

 **For non-emergency treatment,** please attach a quotation from your vet. Note that Guide Dogs NSW/ACT can only pay the veterinary practice direct where a quotation is provided before the treatment.

 **For emergency treatment,** please provide both the invoice and receipt for payment from your vet. Note that Guide Dogs NSW/ACT can only consider reimbursement where tax invoices and receipts are attached.

**Client Signature:**

**Date:**