

CNIB Guide Dog Assistance Fund

Application for Reimbursement for Extraordinary Veterinary Expenses



Today's date:

Name of guide dog user:

Address:

Phone number:

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Name and age of working guide dog:

Name of school where guide dog was trained:

Name, telephone, and address of the veterinarian providing care:

(Note: CNIB reserves the right to contact your veterinarian to verify the nature of the treatment.)

Do you have pet insurance? Yes / No

If yes, have you submitted a claim to them? Yes / No (please explain)

If yes, please state what portion of your invoice has been reimbursed:

(attach copy of reimbursement)

Some guide dog organizations/schools reimburse for veterinary expenses.

Have you contacted your guide dog school to request availability of funds to cover these expenses, before applying to CNIB? **Yes / No**

Were funds made available to you from your guide dog school? Yes/No

If yes, please state what portion of your invoice has already been reimbursed:

(attach copy of reimbursement)

Description of the illness or condition for which the invoice is being submitted (diagnosis):

Brief description of the treatment or service: (e.g. tests, consultation, bloodwork, hospitalization, surgery, injections, intravenous, medications)

Date of Treatment: _____ / _____ / _____
Day Month Year

Total amount you wish to claim: (As of January 1, 2014, all claims per calendar year per working guide dog must total no more than \$650)

I hereby state that the above statements are true: (type name or Signature on faxed form):

Signature or typed name: _____

Return form by email: guidedogfund@cnib.ca

OR

Fax: (416) 480-7700 Attn. Administrator Guide Dog Fund

OR mail to:

Administrator, Guide Dog Fund, 1929 Bayview Avenue, Toronto, Ontario, M4G 3E8

Reimbursement Options:

Reimbursement to the user: If the treatment has been completed and you have already paid the veterinarian, the proof of payment* must be forwarded to CNIB no more than three months after the treatment. A payment will only be made after the guide dog has received the treatment.

Payment to the veterinarian: Payment will be made to the veterinarian when the applicant submits the itemized invoice and requests that payment be made to the veterinarian.

Appeals Process:

An appeal of a funding decision concerning extraordinary veterinary expenses for a working guide dog can be made within 30 days of receiving the decision, by submitting the appeal in writing to the fund administrator.

*Proof of payment (invoice) must include the name of the veterinarian who provided service, details of the service or medications provided and the cost of each service or medication.