# **Guide Dog Assistance Fund Application**

**Today's date**: \_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of guide dog user:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.)

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**Do you have pet insurance?** **Yes / No**

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

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**If yes, please state what portion of your invoice has been reimbursed:** (attach copy of reimbursement)

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**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the treatment(s) or service: (I.E.: tests, consultation, bloodwork, hospitalization, surgery, injections, intravenous, Medications):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Treatment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Day/Month/Year)

**Total amount you wish to claim** (All claims per calendar year per working guide dog must total no more than $650): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby state that the above statements are true:**

Signature or printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

**Return form by email:** guidedogfund@cnib.ca

**Fax:** (416) 480-7700 Attn: Guide Dog Assist Fund

**Mail**: Guide Dog Assist Fund

1929 Bayview Avenue, Toronto, ON, M4G 3E8

GDF Application revised January 2019