# **Guide Dog Assistance Fund Application**

Thank you for your interest in the **CNIB Guide Dog Assistance Fund**. In order to process your request, we need to collect some basic information. This information will be kept confidential. There are three sections to complete on this form and instructions are provided for each sub-section.

1. Please enter today's date: Click or tap here to enter text.

### **Contact Information**

1. Name of guide dog handler (owner): Click or tap here to enter text.
2. Address: Click or tap here to enter text.
3. Phone number: Click or tap here to enter text.
4. Name and age of guide dog: Click or tap here to enter text.
5. Where guide dog was trained: Click or tap here to enter text.

### **Treatment Information**

1. Name, telephone, and address of the veterinarian providing care: Click or tap here to enter text.

(Note: CNIB Guide Dogs reserves the right to contact your veterinarian to verify the

1. nature of the treatment. Click or tap here to enter text.
2. Description of the illness or condition for which the invoice is being submitted (Diagnosis): Click or tap here to enter text.
3. Description of the treatment(s) or service: (I.E.: tests, consultation, bloodwork, hospitalization, surgery, injections, intravenous, Medications): Click or tap here to enter text.
4. Date of Treatment: Click or tap here to enter text.

### **Other Financial Support**

1. Do you have pet insurance? Click or tap here to enter text.
2. If yes, have you submitted a claim to them? Click or tap here to enter text.
3. If yes, please state what portion of your invoice has been reimbursed: (attach copy of reimbursement): Click or tap here to enter text.
4. 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? : Click or tap here to enter text.
5. Were funds made available to you from your guide dog school? : Click or tap here to enter text.
6. If yes, please state what portion of your invoice has already been reimbursed: (attach copy of reimbursement): Click or tap here to enter text.

### **Claim**

Total amount you wish to claim: Click or tap here to enter text.

I hereby state that the above statements are true:

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

**Please Note**: 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 six 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 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**:

E: [GuideDog.Fund@cnib.ca](mailto:GuideDog.Fund@cnib.ca)

or by Mail:

**Guide Dog Assistance Fund  
CNIB Foundation  
1929 Bayview Ave  
Toronto, ON, M4G 0A1**

If you submit your application by email you will receive a confirmation email after your application is received.

All applicants will receive a letter explaining whether any of the requested amount will be reimbursed within five (5) business days of acknowledging receipt. If an amount is approved, a cheque will be mailed to you within ten (10) business days after the date of the approval letter.

GDF Application revised May 2019