



The National Foundation for Retired Service Animals

APPLICATION FORM - GRANTS FOR FINANCIAL ASSISTANCE

IT IS IMPORTANT YOU COMPLETE ALL SECTIONS ON THIS FORM.

IF YOU ARE APPLYING FOR A RETIRED POLICE DOG, HAVE YOU CHECKED WHETHER YOU HAVE A LOCAL RETIRED POLICE DOG CHARITY IN YOUR AREA? IF YOU HAVE, PLEASE APPLY VIA THAT CHANNEL. DETAILS ARE ON OUR WEBSITE: WWW.NFRSA.ORG.UK

PLEASE NOTE THE FOLLOWING:

INCOMPLETE FORMS WILL BE RETURNED. THIS INCLUDES MISSING ATTACHMENTS.

INVOICES MUST BE DATED WITHIN THE LAST 30 DAYS – WE ARE UNABLE TO ACCEPT HISTORICAL INVOICES.

YOUR ANIMAL NEEDS TO HAVE BEEN REGISTERED FOR A PERIOD OF 30 DAYS BEFORE YOU CAN MAKE A CLAIM, UNLESS PREVIOUSLY AGREED I.E. A MEDICAL EMERGENCY. DETAILS ON OUR WEBSITE.

NAME OF APPLICANT: _____

ADDRESS: _____

TEL. NO: _____

EMAIL: _____

CIVILIAN/SERVING/RETIRED (Please state): _____

NAME OF DOG/HORSE (Please prefix e.g. 'PH/PD etc): _____

CONSTABULARY/FIRE SERVICE/HMPS/PORT WHERE SERVED: _____

AGE: _____ DATES OF SERVICE: _____

MICROCHIP No.: _____

REASON FOR RETIREMENT (Age/Injury/Illness/Failure to re-license/Other: (Please state):

PREVIOUS HANDLER/RIDER NAME: (THIS WILL NOT BE NECESSARY IF THE ANIMAL IS STILL WITH THE HANDLER OR RIDER – PLEASE STATE 'AS ABOVE'): _____

ADDRESS: _____

PHONE NO.: _____

EMAIL: _____

GRANT FUNDING IS REQUIRED FOR (Please circle those applicable).

1. ONGOING MEDICATIONS i.e., Tablets and injections (Please note – yearly boosters, flea or tick treatments, annual vaccines, and dental cleaning will not be covered by The NFRSA.)
 2. HYDROTHERAPY
 3. OUT OF HOURS EMERGENCY VET COVER
 4. OPERATION (Please give details): _____
 5. EUTHANASIA
 6. CREMATION (Only by prior arrangement with The NFRSA)
 7. OTHER: _____
- _____
- _____
- _____

THE TOTAL COST OF GRANT REQUIRED. (Please note that we cannot guarantee the grant will be made in full, or part thereof. It is strictly subject to funds being available and/or number of years served).

£ _____

The following MUST be attached to this application. Failure to provide this information will result in the refusal of any grant:

- **Paid invoices / Receipts**
- **Veterinary clinical notes**

It is agreed and acknowledged that confirmation of the invoice amounts may be checked with the relevant veterinary practice.

Has there been any other grant application made for this treatment? YES / NO

If the answer to the previous question is 'Yes', please give the details:

Thank you for your application, we understand that this is a distressing time for you.

Apart from relevant identification checks, it is agreed The NFRSA will treat your application in strictest confidence if you wish it to be so. You will be notified by email or telephone within 28 days of your application being received, unless it is a medical emergency. It is acknowledged that The NFRSA's decision is final.

Please return your application, with the signed declaration and relevant copies of invoices to:

The NFRSA
Administration Office
Cirencester Park
Cirencester
Glos. GL7 2BT
info@nfrsa.org.uk

APPLICANT DECLARATION:

I understand this application will be considered by The NFRSA which may make a grant subject to the Foundation's policies and guidelines, and that the decision made is final.

I confirm the dog/horse applied for is no longer working in any capacity and is fully 'retired'.

***Please note** horses privately owned and are in use for riding, hacking, competition, or sports activities can apply for illness only. Injuries are not applicable.

Apart from checking the service identification and/or bills submitted, to which I agree, I understand this application will be treated as completely confidential, unless I agree otherwise (see below).

I confirm I hold a UK registered bank account and will be able to accept bank transfers for any grant offered.

I confirm there is no relevant insurance policy in place that will meet the costs of the claim, and I have not made a claim through any insurance company.

I confirm I have not made a claim through any third party.

I confirm I have not made any application for support from any other organisation, charity, agency, or voluntary fund.

I confirm I understand the relevant levels of grant schemes available regarding length of service and are subject to available funds. (1-3yrs – up to 30%, 3-5yrs – up to 50%, 5yrs+ – up to 90%).

While the initial application is confidential, if successful I agree that I am happy for The NFRSA to share our story on their website and social media to help highlight their work:

YES/NO

SIGNED: _____ DATE: _____

NAME (printed): _____

NAME OF ANIMAL: _____

Office Use Only:

Date Received: _____

Date of Decision: _____

Amount Granted: _____

Committee Member Signature: _____