

APPLICATION FOR FINANCIAL ASSISTANCE

Kennel Name of Retired Police Dog …….

Pet Name ……..

Breed ……..

Date of Birth …… Age…….

Working Role ……..

Date of Retirement ……..

Reason for Retirement ……

Owners/handlers name …….

Address ……..

……

Tel. No …… Email …….

PROVIDE BRIEF DESCRIPTION OF ILLNESS/INJURY:

Please state total cost of treatments/care that you require assistance with.
We require veterinary records with regards to the application.
Invoices and receipts must be submitted prior to any funding being made (photocopies or scans accepted)

£…….. (estimate if prior to treatment)

Please sign below – by signing you confirm that your dog insurance does not cover the reason for your claim.

Signed ..... Date .....

'A retired police dog is deemed by us to be any dog that has been licensed to Home Office Standards to be a police dog, working in London for the Metropolitan Police Service or City of London Police. Consideration will be given to applications for any dog who is, or has been, a police dog as deemed as above and is medically retired at any age, reaches retirement age or has been retired for other reasons over the age of five years.'

'A retired Fire Investigation Search Dog (FISD) is deemed to be any dog licensed to Home Office standards to be a Fire Investigation Search Dog for London Fire Brigade. Consideration will be given to applications for any dog who is, or has been, a fire investigation search dog deemed as above, or any other dog working in a role for London Fire Brigade (Urban Search and Rescue as an example) and is medically retired at any age or has been retired for other reasons over the age of five years.'

Disclaimer - All applications are reviewed on a case-by-case basis and is dependent on what funds are available to the charity at the time. The trustee's decision is final.

Please sign to confirm you have read and agree the above statement applies in your application and you have read and understood the disclaimer:

Signed …….. Date ……..

Send to: contactus@lrpd.uk along with full medical history relating to the illness/ailment of the claim and receipts covering the full amount being claimed for.