

# Pine Tree Guide Dog Users (PTGDU)

## Opening Doors to Independence and Opportunity

PineTreeGuideDogUsers.org

### Mary T. & Curtis D. Lovill Trust

### Emergency Veterinary Expense Fund Policy

**Last Revised February 10, 2024**

#### Purpose

To provide financial assistance to PTGDU members in need, whose guide dogs require significant, non-routine veterinary services to continue their work.

#### Terms and Requirements

* Applicants must be Maine residents.
* Applicants must be a member of Pine Tree Guide Dog Users at the time of the guide dog’s diagnosis.
* Applicants may request assistance for veterinary expenses only if those expenses present a financial hardship.
* Routine veterinary services such as wellness visits, vaccines, heartworm/flea/tick preventatives, nail trimming, grooming, etc. do not qualify for financial assistance.
* The treatment must be such that it is likely to keep the guide dog in service for a reasonable amount of time.
* Applicants are responsible for paying the first $250 of the veterinary fees for each emergency.
* Applicants may apply for the portion of the fees over $250, not to exceed $2,500, per emergency.
* Applicants are limited to $2,500 in financial assistance per year, beginning on the day a first application is approved.
* Applicants may only request financial assistance for the portion of the total expense not covered by other funding sources, including guide dog schools, insurance, and veterinary discounts.
* Applicants must submit a completed application within 90 days of the last treatment for consideration by the Board of Directors.
* If financial assistance is awarded, the funds may be paid either directly to the handler for reimbursement, or to the treating veterinarian(s).
* No funds will be distributed until the related invoice(s) have been submitted.

# Pine Tree Guide Dog Users (PTGDU)

# Emergency Veterinary Expense Fund Application

Date:

Name:

Address:

Phone:

Email:

Guide dog school attended:

Age of Guide Dog:

Name of Veterinarian(s):

Description of recommended or completed treatment:

Total invoice amount or estimated cost of treatment:

Amount requested from PTGDU:

By submitting this application, I affirm that to the best of my knowledge and that of my veterinarian, this treatment should extend my guide dog’s service for a reasonable amount of time and that paying over $250 of the cost myself would present a financial hardship.

Please submit completed application with veterinarian’s invoice or estimate to [President@PineTreeGuideDogUsers.org](mailto:President@PineTreeGuideDogUsers.org). Electronic copies preferred.