



Association for the Protection of Animals in the Algarve

Registered Charity No 474536 Contribuinte No 503 427 829
Head Office: Edifício Dunas de Alvor, Loja 25, Caminho da Barca, 8500-017 Alvor

REQUEST FOR FINANCIAL ASSISTANCE FOR EMERGENCY/URGENT TREATMENT/SURGERY (Please complete the form in black ink and in block capitals)

NAME:

NAME OF VETERINARY CLINIC:

TELEPHONE NO:

CAT or DOG Please tick

EMAIL:

ANIMAL NAME:

YOU **MUST** TAKE THE ANIMAL FOR A CONSULTATION AND OBTAIN AN ESTIMATE OF THE COST **BEFORE** SUBMITTING THIS FORM. APAA WILL ONLY HELP WITH THE COST OF EMERGENCY/URGENT TREATMENT OR SURGERY, SO PLEASE NOTE THE FOLLOWING:

- WE WILL NOT PAY FOR CONSULTATIONS OR BASIC TESTS, E.G. FIV & FELV OR LEISHMANIASIS
- WE WILL NOT PAY FOR VACCINATIONS OR MICROCHIPS
- WE WILL NOT PAY FOR TREATMENT FOR MINOR ILLNESSES OR SURGERY OR WHERE THE TOTAL COST IS LESS THAN 75 EUROS
- WE WILL NOT PAY TOWARDS THE SURGERY FOR ANIMALS WITHOUT REGISTERED MICROCHIPS. IF YOUR ANIMAL DOES NOT HAVE A CHIP, YOU MUST ARRANGE AND PAY FOR THIS **BEFORE** THE SURGERY.
- APAA WILL NORMALLY PAY UP TO 35% OF THE COST, SUBJECT TO A MAXIMUM OF 250 EUROS

REQUIRED TREATMENT OR SURGERY:

ESTIMATED COST:

(If possible, please attach the estimate from the clinic)

I cannot pay the full cost because:

SIGNED _____ DATE _____

PLEASE SEND BY EMAIL TO VET.APAAPORTUGAL@GMAIL.COM
OR HAND INTO ONE OF OUR SHOPS AT ALVOR OR SILVES