Georgia Guide Dog Users

Emergency Veterinary Care Fund

March 1, 2025

Guidelines

Purpose: To provide financial assistance to Georgia guide dog handlers in need, whose guide dogs require significant, non-routine veterinary services to continue their work.

Terms and Requirements:

• Applicants must be Georgia residents.

• 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 or grooming 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 $500, per emergency.

• Applicants are limited to $500 in financial assistance once per three years, beginning from the date of the first application.

• 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 and should make GGDU aware of other such assistance provided.

• Applicants must submit a completed application within 90 days of the last treatment for consideration by a committee of GGDU.

• If financial assistance is awarded, the funds may be paid either directly to the treating veterinarian or to the handler for reimbursement upon receipt of the related invoice from the veterinarian.

• No funds will be distributed until the related invoice from the veterinarian has been submitted.

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Emergency Veterinary Care Fund Application

Date:

Name:

Address:

Phone:

Email:

Guide dog school attended:

Age of Guide Dog:

Name and address of Veterinarian:

Description of recommended or completed treatment:

Total invoice amount or estimated cost of treatment:

Amount requested from GGDU:

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.

Applicant’s name:

Please submit this completed application with veterinarian’s invoice or estimate to: [marjschneider@bellsouth.net](mailto:marjschneider@bellsouth.net)

Electronic submissions preferred.