



**nfrsa** National Foundation for Retired Service Animals  
*Protecting our protectors in their retirement*

The National Foundation for Retired Service Animals

**APPLICATION FORM - GRANTS FOR FINANCIAL ASSISTANCE**

WE UNDERSTAND THIS IS AN UPSETTING TIME FOR YOU, BUT IT IS VERY IMPORTANT THAT YOU COMPLETE ALL SECTIONS ON THIS FORM.

**PLEASE NOTE** – INVOICES MUST BE DATED WITHIN THE LAST 3 MONTHS

**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](http://WWW.NFRSA.ORG.UK)**

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

).

£ \_\_\_\_\_

Paid invoices, receipts, and veterinary clinical notes MUST be attached to this application. Failure to provide this information will result in the refusal of any grant. 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:

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**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](mailto: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 that the dog/horse applied for is no longer working in any capacity and is fully ‘retired’.

**\*Please note** that horses who are now privately owned and are in use for riding, hacking, competition, or sports activities are not able to apply for funding. They must be fully retired and ‘turned out to grass’.

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

I confirm that I will regard any application made, whether successful or not, as completely and strictly confidential.

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

I confirm that 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.

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: \_\_\_\_\_

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Office Use Only:

Date Received: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Amount Granted: \_\_\_\_\_

Committee Member Signature: \_\_\_\_\_