INITIAL FUNDING APPLICATION

(TO BE COMPLETED BY THE DOG'S OWNER)

This application is for dog owners living in England who are seeking financial assistance towards cancer treatment for their dogs and are unable to afford the cost of veterinary care.

The purpose of this application is to assess your financial circumstances and determine whether you meet the Foundation's financial eligibility criteria.

Applicants receiving **Universal Credit, Pension Credit or Housing Benefit** may qualify for financial approval, subject to providing the required supporting documentation and any follow-up queries.

Applicants who do not receive qualifying benefits will be asked to provide additional financial information and supporting documents to enable the Foundation to assess their eligibility.

Please note: Financial eligibility approval does not guarantee funding. Applications that meet the financial criteria will proceed to a separate veterinary assessment to determine whether the requested funding for an initial consultation or cancer treatment meets the Foundation's medical eligibility requirements.

Once completed, please return this application and relevant supporting documents to: admin@zeusandpj.org

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Section 1: Personal details

1.1 - Contact Information *(Required)*

First name

Last name

Street Address:

House / Flat Number

City / Town

Postcode

Country

Mobile Telephone

Email Address

Section 2: Overview

2.1 - Do you currently receive any of the following benefits from the UK Government? *(Required)*

☑ **Yes** (Please tick all that apply)
- ☐ Universal Credit
- ☐ Pension Credit
- ☐ Housing Benefit

☐ **No**

If **Yes**:

Please submit the following supporting documentation with your application:

- *A recent official letter or statement from the UK Government confirming your receipt of the qualifying benefit dated within the last 3 months.* (Required)
- *Your most recent council tax statement.* (Required)

If **No**:

Please also complete Section 2.3 - Financial assessment questions and submit the supporting financial documents for both yourself and your spouse or live-in partner, where applicable:

(Required)

- *The most recent 3 months of bank statements*
- *The most recent 3 months of pay stubs*
- *Most recent council tax statement*

2.2 – Do you have pet insurance? (Required)

❒ **Yes**
❒ **No**

If **Yes**:

How much insurance cover remains available towards your dog's consultation or cancer treatment? (Required)

£

(ENTER IN £)

2.3 - Financial assessment questions:

Please complete the following financial assessment questions. If a question does not apply to your circumstances, please enter "N/A".

2.3.1 - Who pays the household expenses? (Required)

2.3.2 - Are you currently working? (Required)

❒ **Yes**
❒ **No**

2.3.3 - Your occupation at your current or most recent job, including job title and company: (Required)

2.3.4 - Is your spouse or live-in partner employed? (Required)

❒ **Yes**
❒ **No**

If **Yes**:

Their occupation at their current or most recent job, including job title and company: (Required)

2.3.5 - Do you have any dependents in your household? (Required)

❒ **Yes**
❒ **No**

If **Yes**:

How many and their ages: (Required)

2.3.6 - Do you have other pets in your home? (Required)

❒ **Yes**
❒ **No**

If **Yes**:

Please provide their names and their ages: (Required)

2.3.7 - Total household income last year (Enter in £): (Required)

£

(ENTER IN £)

2.3.8 - Total monthly expenses: (Required)

Please provide the total amount of your household's monthly expenses, broken down into categories:

Mortgage/rent

£

Car payments

£

Council tax

£

Utilities

£

Insurance

£

Loans:

£

OTHER EXPENSES:

£

Section 3: Dog Information

3.1 - Name of dog *(Required)*

3.2 - Date of birth of dog *(Required)*

3.3 - Breed of dog *(Required)*

3.4 - Weight of dog *(Required)*

3.5 - Sex of dog *(Required)*

3.6 - Has your dog been Spayed or Neutered? *(Required)*

3.7 - Name of your veterinary clinic *(Required)*

YOU MUST AUTHORISE YOUR VETERINARY CLINIC TO DISCUSS YOUR DOG'S MEDICAL INFORMATION WITH THE ZEUS & PJ CHARITABLE FOUNDATION. IF THE CLINIC HAS NOT RECEIVED YOUR PERMISSION WHEN CONTACTED, WE MAY BE UNABLE TO PROCEED WITH YOUR APPLICATION.

3.8 - Phone number of your veterinary clinic: *(Required)*

3.9 - Name of the veterinary surgeon who most recently assessed your dog or recommended referral to a cancer treatment centre: *(Required)*

Section 4: Type of funding requested

4.1 - What type of financial assistance are you applying for? *(Required)*

Please select ONE of the following options:

❒ **Option 1: Initial consultation at a cancer treatment centre**

Select this option if your dog has been referred to a specialist Cancer Treatment Centre and you are seeking financial assistance to cover the cost of the initial consultation.

❒ **Option 2: Cancer treatment funding**

Select this option if your dog has already been assessed by a Cancer Treatment Centre and you are seeking financial assistance to cover the cost of a recommended cancer treatment plan.

If you selected **Option 1**: Initial consultation

4.2 – Has your veterinarian recommended that your dog be referred to a cancer treatment centre? *(Required)*

❒ **Yes**
❒ **No**

If **Yes**:

Please describe the reason your veterinarian has recommended a specialist consultation. (Required)

If you selected **Option 2**: Cancer treatment funding

Your pet has already visited a Cancer Treatment Centre and you have received a treatment plan and fee estimate. Please provide the following:

4.3 - Name of cancer treatment centre *(Required)*

4.4 - Telephone number of cancer treatment centre *(Required)*

4.5 - Type of cancer diagnosed *(Required)*

4.6 - Date of diagnosis *(Required)*

DD / MM / YYYY

4.7 - If accepted, will you help with fundraising efforts?

The Zeus & PJ Charitable Foundation will raise most of the funds, but we need your support. Would you be willing to help us by asking for donations via email (we will provide a sample email) to friends and colleagues, and by sharing posts on Facebook or other online platforms?

- ❒ **Yes**
- ❒ **No**

Section 5: Terms of assistance

Do you agree to the following terms of assistance?

1. If we offer assistance, the Zeus & PJ Charitable Foundation (Z&PJ) will initiate a fundraising campaign for your dog with a contribution from our General Fund. As a condition of this gift, you agree to actively participate in raising donations for Z&PJ by emailing friends and family, posting on your Facebook page, and similar efforts.
2. Donations raised for your pet will be reserved for their treatment fees. If no funds are used within a 6-month period, any remaining campaign funds will be reallocated to the General Fund to help other pets in need.
3. Funds raised for a pet do not belong to the owner or the pet. If a pet no longer requires treatment, treatment is unsuccessful, the owner does not comply with Z&PJ policies, or if more funds are raised than needed, the remaining funds will be redistributed to the General Fund to help other Z&PJ pets in need of assistance.
4. You agree to inform Z&PJ of any other organizations contributing to your pet's cancer treatment fees.
5. You grant Z&PJ express permission to share the information you provide with other organizations for the purpose of raising additional funds for your pet's treatment. You also grant permission for Z&PJ to print or post any photos or text you submit, including those posted on the Z&PJ Facebook page.
6. If Z&PJ arranges media coverage (TV or newspaper) about your pet and the assistance provided by the fund, you agree to be available for interviews and photos.
7. You acknowledge that Z&PJ is not responsible for the outcome of your pet's treatment, the quality of medical care, or any side effects from treatment.

By selecting "Yes (I agree)" below, I confirm that I have read and agree to the Terms of Assistance above and acknowledge that I have read the Zeus & PJ Charitable Foundation's Privacy Policy, which explains how my personal information will be used. *(Required)*

❒ **Yes (I agree)**

❒ **No (I disagree)**

ENTER YOUR FULL NAME

DATE: DD/MM/YYYY

Required supporting documents – Checklist

Financial documentation (Select A or B)

A. Applicants receiving qualifying UK Government Benefits

Universal Credit, Pension Credit or Housing Benefit

- ❒ A recent official letter or statement from the UK Government confirming receipt of the qualifying benefit dated within the last 3 months.
- ❒ Most recent council tax statement.

OR

B. Applicants NOT receiving qualifying UK Government Benefits

Please provide the following financial documents for yourself and your spouse or live-in partner, where applicable:

- ❒ The most recent 3 months of bank statements.
- ❒ The most recent 3 months of pay stubs.
- ❒ Most recent council tax statement.

C. Veterinary medical eligibility form (Required for all applicants)

Please ask your veterinary surgeon to complete and submit **one of the following Medical Eligibility Application Forms**, depending on the type of funding assistance requested:

- ❒ **Medical Eligibility Application Form (First Consultation)** – To be completed by your veterinary surgeon at your primary care practice if you are applying for funding towards an initial consultation at a specialist cancer centre.

OR

- ❒ **Medical Eligibility Application Form (Treatment)** – To be completed by your veterinary surgeon at the referral treatment centre if you are applying for funding towards cancer treatment.