

PET AID

SPAY & NEUTER ASSISTANCE PROGRAM

APPLICANT INFORMATION

First Name: _____ Last Name: _____
Address: _____ City: _____ Postal Code: _____
Primary Ph: _____ Alternate Ph: _____ Email: _____

ANIMAL INFORMATION

Animal's Name: _____ Breed: _____
Age: _____ Colour: _____ Approx weight: _____
Surgical Procedure Requested: Female Cat Spay Male Cat Neuter
 Female Dog Spay Male Dog Neuter
Current Veterinarian's Name (if applicable): _____
How many other pets do you have in your household: _____
How many are spayed and/or neutered: _____ Cats _____ Dogs

HOUSEHOLD INFORMATION

# OF ADULTS	# OF CHILDREN (UNDER 18)	TOTAL # IN HOUSEHOLD

For **each adult in the household**, provide a copy of the current, official Canada Revenue Agency Notice of Assessment showing total income (line #150).

Annual Household Income: _____

A signature from **EACH ADULT** in the household is required on this application. Please be sure to include first name, last name, signature **AND** date in the fields provided.

Please check off the boxes below:

- I (we) have enclosed a copy of the previous year's Notice of Assessment from Canada Revenue Agency for all income earning residents residing in the household for the purpose of assessing eligibility for the Pet Aid Spay & Neuter Assistance Program
- I have filled out the application in full and have read the terms of conditions on the backside of this application
- I declare that I am the owner of the animal listed on this application and I am of legal age in the province on Ontario. I declare that the information I have given is truthful, complete and correct. I understand that I may be asked to provide proof of income and/or identification; failing to do so, will result in refusal of service from the NHS Pet Aid Program.

APPLICANT NAME

SIGNATURE

DATE

This Section must be completed and signed by each adult related by blood, marriage or common-law living in the household.

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE

PET AID

SPAY & NEUTER ASSISTANCE PROGRAM

Terms and Conditions

Please read this form carefully before submitting your application

1. The applicant must be 18 years of age or older and must be a permanent resident of Northumberland County.
2. The family annual household income must be no greater than the Statistics Canada Low Income Cut-Offs: <http://www.statcan.gc.ca/pub/75f0002m/2012002/tbl/tbl02-eng.htm>
3. Subsidy Applications must be completed in full. Incomplete applications will not be reviewed. You will not be contacted if your application is incomplete.
2. The Northumberland Humane Society (NHS) will keep all applications confidential, and will not share information with any other party.
3. The NHS reserves the right to request proof of family income and expenses before approving any application. Failure to provide this information when requested will terminate the application process.
4. If your application is approved, the subsidy rate you are given is non-negotiable. All assessments are done on an individual basis, and any subsidy granted by the NHS is to remain confidential.
5. Applications will be kept on file for a period of three months only. If we are unable to make contact within that time, your application will be null and void and you will be required to submit a new application.
6. If your application is declined, you will be notified by phone or email. If your application is declined you may apply again at a later date if your financial circumstances change.
7. The maximum number of applications is **2 pets per family per year**. Separate applications are required to be filled out for each animal.

If your application is approved:

The Northumberland Humane Society will issue you a voucher to be used towards your pet's spay/neuter surgery at a participating Veterinary Clinic in Northumberland County. This voucher can be used for spay/neuter surgeries ONLY. It is the responsibility of the client to make arrangements for their pet's spay/neuter appointment with a participating Veterinarian. Vouchers issued by NHS **MUST be redeemed within 60 days** of the original issue date.

Any items that arise due to post operative complications will NOT be covered in this program. You are responsible for the cost of surcharges (obese, mature, in heat, or pregnant pet). Charges for any tests or other additional procedures you request from the vet are also your responsibility. Cats may not be declawed in conjunction with this program.

It is at the discretion of the participating Veterinarian whether your pet is a candidate for spay/neuter surgery. If your companion animal is deemed unfit for surgery by the veterinary staff at a participating veterinary clinic, you are required to notify the Northumberland Humane Society for a further review of your application.

Please note that up-to-date vaccinations may be required to participate in the Pet Aid Spay & Neuter Assistance Program.



371 WARD STREET, PORT HOPE ON, L1A 4A4 | (P) 905-885-4131 | (F) 905-885-8027 | (E) NORTH1@EAGLE.CA

WWW.NORTHUMBERLANDHUMANESOCIETY.COM