**APPLICATION FOR SPAY/NEUTER PROGRAM**

 ***FROM BRANT ANIMAL AID FOUNDATION***

 **FOR PET OWNERS RECEIVING GOVERNMENT SUBSIDIZED INCOMES**

 **\*\*E-mail this application, client invoice & proof of eligibility to:** **d.caskenettte@sympatico.ca** **OR ask for pick-up**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Applicant (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)**

**Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Proof of Eligibility:**

**The applicant is currently receiving financial assistant from (check appropriate box below to indicate which program) and attach copy of proof of program with this application.**

 **ODSP ONTARIO WORKS COMSOC**

 **GUARANTEED INCOME SUPPLEMENT**  **CPP DISABILITY**

 **OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dog Cat Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_ Procedure: Spay Neuter**

 **(Please check boxes)**

**Weight: \_\_\_\_\_\_\_\_\_ kg \_\_\_\_\_\_\_\_\_\_ lb**

**OTHER INFORMATION IF NEEDED:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Name of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTENDING VETERINARIAN NAME (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cost of Treatment and/or Procedure: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount (if any) to be paid by client to Vet office $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of funding requested from BAAF: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*TO BE READ BY CLIENT & SIGNED BELOW: I understand that the Foundation will allow a multi-pet owner to have more than one pet spayed or neutered but only allows a client two pets in a calendar year – the client cannot exceed a total of two pets in a calendar year.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE OF VETERINARIAN**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE OF CLIENT**

**\*\*\*\*PLEASE NOTE: MANDATORY CONSENT FORM MUST BE SIGNED BY CLIENT/APPLICANT AND RETAINED IN THE CLIENTS FILE BY THE VET CLINIC/HOSPITAL\*\*\*\***

 **Rev Feb 2012 Jan 2018**