CONSENT FORM

 TO: Participating Veterinarians [“Veterinarians”]

 &

 Brant Animal Aid Foundation [“Foundation”]

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to

 provide to the Veterinarians and the Foundation [“Program Providers”]

 the information on my application form and satisfactory written

 evidence that I am receiving some manner of government subsidized

 income, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, usually in the form of a photocopy

 (please specify type)

 of a most recent payment cheque, with my social insurance number

deleted at my option (“Income Verification”), in order for the Program

Providers to assess my qualification for participation in the Program.

The Veterinarians and the Foundation may exchange the Income

Verification and the information on the application form and use it for

 the sole purpose of the Program.

 Name of Client/Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Witness Signature Signature of Client/Applicant

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

 **\*\*THIS FORM TO BE RETAINED BY VETERINARIAN OFFICE\*\***

Rev Feb 2012 June 2012 Jan 2018