

LOW-COST SPAY/NEUTER PROGRAM APPLICATION



Spay/Neuter Assistance Program

SPAYAID PEI

P.O. Box 20088,
Charlottetown,
PE C1A 9E3.

website:spayaidpei.com

SpayAid PEI, a 100% volunteercharitable organization, works together with a network of veterinarians who are donating part of the cost of the regular spay/neuter prices to help those who cannot otherwise afford to spay or neuter their pets. This program has been created for pet owners and caretakers with genuine financial need. You must truthfully supply all of the information requested on this form to receive a spay/neuter discount voucher.

*Maximum number of applications per year is **two per family (1 application per pet)** and applications may be filed concurrently.

Instructions: Start with appropriate section below. When you have completed the application, please mail it to **SpayAid PEI at P.O. Box 20088, Sherwood R.P.O., Charlottetown, PE C1A 9E3. Include a self-addressed, stamped envelope.** Successful applicants will receive a **Vaccination Voucher and a Spay/Neuter Voucher** for the procedures. Your share of the fee is paid directly by you to the veterinarian at time of surgery.

Your Name _____

How did you hear about **SpayAid PEI**? _____

Do you currently have a veterinarian? What is her/his name? _____

PART 1 - THE ANIMALS

Dog Cat Rabbit

Gender: Male Female Unknown

Approximate Weight: _____
(must provide)

Age of Animal _____
(specify years or months)

If female, has she had a litter? Yes No Don't know

Note: Cats **MUST** be brought to the vet in a carrier.

Dog Breed: _____

How did you get your pet? _____

* Vaccinations are mandatory for Spay/Neuter Surgery

Animals are required to have vaccines a minimum of 3 weeks and a maximum of 1 year prior to surgery. If your animal does not have these vaccinations, you will need to do this first. The cost to you will be **\$20.00 for an office visit and vaccines with the SpayAid Vaccination Voucher.** SpayAid and the veterinarians will absorb the remaining cost.

The cost per animal to be paid by the successful applicant is as follows:

Procedure	Cost
Dog Spay	\$45.00
Dog Neuter	\$37.50
Cat Spay	\$30.00
Cat Neuter	\$15.00
Rabbit Spay	\$45.00
Rabbit Neuter	\$25.00

You are responsible for the cost of surcharges (obese pet, pregnant pet) and any tests or other additional procedures you request from the vet. Cats may not be declawed in conjunction with this Program.

Please Note: You cannot make an appointment with the veterinary clinic until you have received your vouchers in the mail from SpayAid PEI. We send out vouchers on a monthly basis, and spaces at participating vet clinics are limited: there may be a waiting list, and you will be notified if you are on the waiting list to receive your vouchers.

Please initial to indicate that you have read and understood these conditions:

These prices do not include GST. Fees may change without notice.

PART 2 - PERSONAL & FINANCIAL INFORMATION

The information requested in this section will help us evaluate your request for low-cost services with our participating veterinarians. Please print clearly.

Name _____ Phone Number () _____ day

Address _____ () _____ evening

City _____ Postal Code _____

Email _____

Please refer to the income cut-off chart below to see if you qualify for the SpayAid Program and **circle** the number of adults and children applicable for the ***Total taxable income for your household.***

If your family situation falls outside these criteria, please explain. _____

Adults	Number of children younger than 18 years				
	0	1	2	3	4
1	\$15,488	\$21,682	\$26,331	\$30,976	\$35,623
2	\$21,682	\$26,331	\$30,976	\$35,623	\$40,270
3	\$27,880	\$32,682	\$37,173	\$41,820	\$46,466

You must provide one of three types of documentation of your total Family income status by including a copy of:

- 1) your Notice of Assessment (all pages) from your most recent Income Tax statement.
(This can be obtained by calling 1-800-959-8281)**
- 2) Your most recent GST Statement**
- 3) Your most recent GST Child Tax Credit .**

This information is essential to qualify for the SpayAid program and will be kept confidential. The tax record will be destroyed after the application has been processed, the spay/neuter completed and or the voucher has expired. (Please note, you may black out your Social Insurance Number on the Notice of Assessment, this information is not required).

Our participating veterinarians rely on us to pre-qualify applicants, and their trust in us and the applicants' truthfulness is vital to the Program.

I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading.

Signature _____ Date _____

PLEASE REMEMBER TO INCLUDE A SELF-ADDRESSED, STAMPED 4X9" STANDARD ENVELOPE FOR YOUR VOUCHER TO BE MAILED TO YOU.

For Office Use Only:		
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Voucher mailed