

LOW-COST SPAY/NEUTER PROGRAM APPLICATION

October 2016



SPAYAID PEI
 P.O. Box 20088,
 Charlottetown,
 PE C1A 9E3.
 spayaidpei.com

SpayAid PEI, a 100% volunteer charitable 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.

We send out vouchers monthly and there may be a waiting list. You will be notified if you are on the waiting list to receive your vouchers. Although we have a number of participating vet clinics, SpayAid spaces may be limited.

Instructions: Fill out both pages of this application. When you have completed it, 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.** Your share of the fee is paid directly by you to the veterinarian at time of service.

Your name _____ Phone _____ (home)

Do you currently have a veterinarian? yes no Phone _____ (cell)

What is the vet's name? _____ Phone _____ (work)

How did you hear about SpayAid PEI? _____

PART 1 - THE ANIMALS

Species: Dog Cat Rabbit

Dog Breed: _____

Gender: Male Female Unknown

How did you get your pet? _____

Approximate Weight: _____ Age _____
(must provide) (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.

* Mandatory Vaccination Appointment before 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. One voucher will be issued for vaccinations, and one for surgery, at the costs listed below on the chart. Young pets with no previous vaccinations may receive a booster at time of surgery for an extra fee of \$10.00

Cost to various parties

The cost is split 3 ways as follows:

	Full Price	Client	HST	SpayAid	Veterinarian
15% HST is added to your cost.					
Dog & Cat Vaccination Visit	\$70.00	\$25.00	\$3.75	\$35.00	\$10.00
Booster Vaccination for immature pets at time of surgery	\$20.00	\$10.00	\$1.50	\$10.00	
Dog 1 - 22 lbs (small) Spay	\$210.00	\$70.00	\$10.50	\$80.00	\$60.00
Dog 23 - 49 lbs (medium) Spay,	\$230.00	\$75.00	\$11.25	\$90.00	\$65.00
Dog 50 & over lbs (large) Spay	\$250.00	\$85.00	\$12.75	\$95.00	\$70.00
Dog less than 22 lbs, Neuter	\$180.00	\$60.00	\$9.00	\$70.00	\$50.00
Dog greater than 22 lbs, Neuter	\$210.00	\$65.00	\$9.75	\$85.00	\$60.00
Cat Spay	\$200.00	\$45.00	\$6.75	\$85.00	\$70.00
Cat Neuter	\$120.00	\$35.00	\$5.25	\$50.00	\$35.00
Rabbit Spay	\$130.00	\$40.00	\$6.00	\$50.00	\$40.00
Rabbit Neuter	\$110.00	\$30.00	\$4.50	\$40.00	\$40.00

Please Note:

The maximum number of applications is **2 pets per family per year.**
(1 application for each pet.)

Make your appointments AFTER you receive your vouchers and identify yourself as a SpayAid client. Give the vet clinic your voucher number.

Bring your vouchers to the appointment.

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

You are responsible for the cost of surcharges (obese, mature, in heat, or pregnant pet). Charges for this may vary from \$15 - \$40. 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.

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 () _____ (home)

Address _____ () _____ (cell)

City _____ () _____ (work)

Email _____ Postal Code _____

Maximum Allowable Family Income

In the left column find the number of adults in your family. Follow the line to the right to the income underneath the number of children in your household. Circle that income. In order to qualify your total family income needs to be equal or lower than this. If you are filling out the form on your computer, check the box beside the income.

↓ Number of Adults in household	Number of children younger than 18 years →				
	0	1	2	3	4
1	\$20,411	\$28,574	\$34,701	\$40,822	\$46,946
2	\$28,574	\$34,701	\$40,822	\$46,946	\$53,070
3	\$36,742	\$43,071	\$48,989	\$55,113	\$61,236

If your family situation falls outside these criteria, please include a letter explaining your circumstances. The committee will discuss your application.

You MUST provide proof of your Total Family Income by including a copy of one of the following:

- 1) **The Notice of Assessment (all pages)** from the most recent Income tax year for each income earner in your family.
(This can be obtained by calling 1-800-959-8281)
- or
- 2) Your most recent **GST statement or Child Tax credit statement**, that provides **your Total Family Income**.

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. (You may black out your Social Insurance Number on the Notice of Assessment, this information is not required).

Checklist

- I have filled out both pages of this application.
- I have circled the appropriate Maximum Allowable Family Income.
- I have included my proof of total family income.
- I have included a self addressed stamped envelope for my vouchers to be mailed to me.

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 _____

For Office Use Only: Voucher mailed <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Date _____	Type of surgery Voucher # _____
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