

Highland Animal Relief Team (HART) – Spay/Neuter Incentive Program (SNIP)

HART's SNIP program offers financial subsidy assistance for the spay/neuter of dogs and cats belonging to financially challenged families who reside in Bancroft or the surrounding areas (refer to the SNIP Program Map to see if your home is in our coverage area).

SNIP is **funded solely by donations received from private individuals** and fundraising efforts by HART's volunteers. **HART does not receive any government funding.**

Each application is assessed on an individual basis and must be approved **prior** to making an appointment with the vet clinic. In order to qualify for the SNIP program you must meet the following criteria:

1. your combined family income is less than \$40,000 a year
2. your pet is at least 6 months of age
3. your pet is in good physical health (to be determined by a veterinarian prior to surgery)

Please be advised we are currently not in a financial position to fund multiple pets in the same household. Priority will be given to un-spayed female pets.

All costs for the spay/neuter surgery are covered by HART, with the exception of your portion which will be determined based on your family income and the health of your pet.

In the month following your pet's spay/neuter procedure, please donate \$20 to HART's SNIP program. This donation will help to assist our volunteers in continuing this valuable program and helping other owners spay/neuter their pet.

Please note: **HART will not cover any additional medical services recommended by the vet** (ex. dental cleaning or blood work). If the vet determines that your pet is not healthy enough to be spayed/neutered you will be refunded the difference between the SNIP payment and the cost of the vet visit (plus vaccinations, if administered and not already paid for separately by you).

Thank you for making the decision to spay/neuter your pet. By doing so you are protecting him/her from future life threatening illness.

If submitting this application by mail please send to the address below, otherwise email to:

Email: info@hartdogrescue.ca

SNIP Program
c/o HART
PO Box 1713
Bancroft ON K0L 1C0

Incomplete or misrepresented application forms will not be reviewed.

All applicant and financial information is kept strictly confidential.

Contact Information

Name:

Address:

City and Province:

Postal Code:

Home Telephone #:

Work Telephone #:

Cell Telephone #:

Email:

Personal and Financial Information

Your application **will not** be reviewed or approved if proof of income is not provided.

HART requires one of the following as proof of income for each adult in the home:

1. Canada Revenue Agency Tax Assessment
2. Bank Statements showing deposit of benefits (including social assistance, disability or pension benefits)

Do you own your home? Yes No

Are you currently receiving financial benefits? Disability E.I. Social Assistance

Are you retired? Yes No

List all adults who live in your home, including yourself (Name/Age/Occupation/Total Annual Income):

List all dependants who live in your home (Name/Age):

Pet Information

Please list all pets that live in your home (starting with pets who have not been spayed/neutered).

Pet #	1	2	3	4	5	6
Name						
Age						
Breed						
Colour						
Spayed/Neutered	Y N	Y N	Y N	Y N	Y N	Y N
Male/Female	M F	M F	M F	M F	M F	M F
Weight						
Date of last Vaccination						
Date of last deworming						
Indoor/Outdoor/Both	I O B	I O B	I O B	I O B	I O B	I O B
Have you seen any fleas?	Y N	Y N	Y N	Y N	Y N	Y N
If female, has she had puppies?	Y N	Y N	Y N	Y N	Y N	Y N
If yes, when?						
When was her last heat?						

Do you have additional dogs or cats not listed above? Yes No

If yes, please list the type and number?

Are you feeding any stray animals? Yes No

If yes, please list the type and number?

Are you able to pay \$40 if vaccinations are necessary? Yes No

Application Submission Agreement

By submitting this application you are certifying that the above information is true and that you have not omitted anything that would make the application false or misleading.

You also understand that your pet will receive appropriate and proper medical care at all times. Vaccine reactions, although rare, are possible and that the spay/neuter procedure is a surgery and complications sometimes arise. You agree to not hold SNIP, HART or the Veterinarian performing the procedure in any way liable should there be a vaccine reaction or complication with the surgery.

Do you agree with the above statements? Yes No

Name:

Signature:

Date: