Spay/Neuter Financial Aid for Dog Owners

Apply Online! www.pawsforhope.org

SpayAid BC partners with veterinary hospitals to eliminate pet over-population in BC by providing a spay/neuter assistance program for low income earners.

PAWS FOR HOPE
animal foundation

May 1, 2019

Funding Secured for Cat Spay/Neuter in Kitsumkalum

Grant funding was awarded to Kitsumkalum and NARA to cover the costs of cat surgeries for Kitsumkalum in May. Vet to Pet Mobile Services (veterinarian Dr. Kim Hunter) will be performing the surgeries in a mobile unit coming directly to Kitsumkalum May 21st to 24th.

Funding Opportunity for Spay/Neuter of Dogs

In the same time-frame (May 21-24), this mobile vet service can also provide spay/neuter surgeries for dogs. Financial assistance for low-income households is available through **SpayAid BC** - A Paws for Hope Animal Foundation Program.

The partner hospital provides a 33% discount off of the spay and neuter procedures, the client pays $50 and Paws for Hope covers the remaining balance.

To see if you qualify **APPLY ONLINE https://pawsforhope.org/what-we-do/spayaid-bc/** or fill in the attached form and send to **spayaid@pawsforhope.org** (cc vettopetinfo@gmail.com) **ASAP**.

www.kitsumkalum.com

SpayAid BC Funding Application

File No (Internal use only) _____

Please email completed form and documents to spayaid@pawsforhope.org (cc
vettopetinfo@gmail.com).

Applicant Information			
Name		**Phone**	
Address		**City**	
Email		**Pet's Name**	
Animal	Dog / Cat / Rabbit	**Age**	
Is the animal up to date with their vaccinations? Yes / No		**If female, has she had any litters?** Yes / No	

Monthly Income & Expenses	
Total Monthly net Household Income (before taxes)	$
Number of Dependents	$

Check list for documents to be attached

[ ] Most recent pay stub (paid employment, employment benefits, social assistance,
    disability benefits and/or pension)

[ ] Confirmation of Dependents (Universal Child Benefits Statement)

[ ] Confirmation that owner _____ requires assistance with all vet care, including:

1. spay/neuter (   ); 2. medical concerns (please specify concern _____)

[ ] SNAP # _____; [ ] no SNAP #

Signature of Band Member, if applicable _____