

SpayAid BC Funding Application



File No (Internal use only) _____

Please email completed form and documents to spayaid@pawsforhope.org.

Applicant Information				
Name			Phone	
Address			City	
Email			Pet's Name	
Animal	Dog / Cat / Rabbit	Male / Female	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 slip, employment benefits, social assistance, disability benefits and/or pension, income tax assessment, or letter from case worker)
- [] Confirmation of Dependents (Universal Child Benefits Statement) **(ONLY IF INCOME OVER \$2083 per month or about \$480 per week)**

Don't forget to bring \$50 for each animal when you go to your appointment!

Thank you for helping keep your pet, your family and your community happy and healthy and safe.

