Carla Cumming Sojonky Adoption Centre
123 Bow Meadows Cr. Canmore AB

CAT SNAP APPLICATION

PROCESS OVERVIEW

The purpose of the Bow Valley SPCA Spay/Neuter Assistance Program (SNAP) is to provide subsidized assistance for spay/neuter surgeries at a reduced fee to qualified, low-income Bow Valley residents. To qualify, residents must meet the Town of Canmore Affordable Services Program guidelines.

If eligible, applicants can apply for the SNAP program through the following steps:

1. SNAP forms may be picked up during public hours at the BVSPCA Centre OR filled out online and emailed to our Adoption Centre Manager (julie@bowvalleyspca.org) OR printed at home and returned to the BVSPCA Centre.
2. The applicant must complete the SNAP form for their pet(s).
3. The applicant must provide proof of income (T4, tax return, disability certificate, etc).

Note: *Our grant funds for this program are limited. This service may be temporarily unavailable when funding is not available.*

Once an application is approved:

1. The applicant must pay a subsidized fee of $100 to $175. Payment can be made via phone or in person at the BVSPCA Centre.
2. Once payment is received, the applicant will be provided with a voucher to a Canmore veterinary clinic covering the cost of the approved, routine spay/neuter procedure.
3. The authorization voucher is valid for 30 days after issue, and covers only a routine spay/neuter, standard post-op medication and an identification tattoo. A tattoo is mandatory and will be applied by the clinic during surgery.

Note: *Additional procedures (exam, vaccines, etc.) or surgical complications (pyometra, cryptorchid, etc.) are at the expense of the applicant. The SNAP program only covers the cost of a* ***routine*** *spay/neuter.*

BVSPCA Contact Information

Carla Cumming Sojonky Adoption Centre
123 Bow Meadows Crescent
Canmore, AB

Located in the Elk Run Industrial Park, just northeast of the town's RCMP headquarters

Phone: 403-609-2022
Email: info@bowvalleyspca.org

BVSPCA Public Hours

Sunday	CLOSED
Monday	CLOSED
Tuesday	CLOSED
Wednesday	12:00pm - 4:00pm
Thursday	12:00pm - 4:00pm
Friday	12:00pm - 4:00pm
Saturday	12:00pm - 4:00pm

Carla Cumming Sojonky Adoption Centre
123 Bow Meadows Cr. Canmore AB

CAT SNAP APPLICATION

The Bow Valley SPCA Spay Neuter Assistance Program (SNAP) is a charitable program only available for qualified, low income Bow Valley Residents. Financial aid is available for routine spay/neuter surgeries and tattoo identification only. Due to the nature of the program, applicants must complete this application form.

Please complete all information to ensure quick processing *(use BLOCK letters if filling out by hand):*

Date:

CONTACT INFORMATION*

**Information of individual who owns the pet(s) requiring the spay/neuter procedure. Must be 18 years of age or older.*

First Name: Last Name:

Address:

City: Province: Postal Code:

Cell Phone: Alternate #:

Email: ☐ Home ☐ Work ☐ Other Cell

Please indicate your preferred method of contact: ☐ Cell # ☐ Alternate # ☐ Email

INCOME & HOUSEHOLD PROFILE

1) What is your approximate household annual income? $

2) What is the source of your income?

3) How many people in your household? ☐ Working Adults *(Ages 18+)* ☐ Unemployed Adults *(Ages 18+)* ☐ Children *(Ages 0-17)*

EXPRESSION OF INTEREST

1) How did you hear about SNAP?

2) Please explain below why you feel you need this assistance program.

CAT(S) INFORMATION

1) If you have a family veterinarian, please provide their contact information:

Clinic/Hospital Name:

Veterinarian: | Phone #:

2) If you have a veterinarian, how many times per year do you visit the clinic/hospital?

☐ 0 times, or for a serious emergency ☐ 1x / year ☐ 2x / year ☐ More than 2x / year

3) How many cats require spaying/neutering? # of Females: # of Males:

Please fill in the information below, for EACH cat requiring spaying/neutering.
If you have more than 3 cat, please use the back of this page and provide the same details.

CAT #1

Name: Sex: ☐ Male ☐ Female Age:

Breed: Color/Description:

1) Has this cat had vaccinations? ☐ Yes ☐ No ☐ Unknown If yes, when?

2) Last visit to a veterinarian? ☐ Never ☐ Past year ☐ 1 - 2 years ☐ 3+ years ☐ Unknown

3) Any previously diagnosed health condition(s)?

4) If female, has she had previous litters? ☐ Yes ☐ No ☐ N/A # of litters:

CAT #2

Name: Sex: ☐ Male ☐ Female Age:

Breed: Color/Description:

1) Has this cat had vaccinations? ☐ Yes ☐ No ☐ Unknown If yes, when?

2) Last visit to a veterinarian? ☐ Never ☐ Past year ☐ 1 - 2 years ☐ 3+ years ☐ Unknown

3) Any previously diagnosed health condition(s)?

4) If female, has she had previous litters? ☐ Yes ☐ No ☐ N/A # of litters:

CAT #3

Name: Sex: ☐ Male ☐ Female Age:

Breed: Color/Description:

1) Has this cat had vaccinations? ☐ Yes ☐ No ☐ Unknown If yes, when?

2) Last visit to a veterinarian? ☐ Never ☐ Past year ☐ 1 - 2 years ☐ 3+ years ☐ Unknown

3) Any previously diagnosed health condition(s)?

4) If female, has she had previous litters? ☐ Yes ☐ No ☐ N/A # of litters:

CONFIDENTIAL INFORMATION

Verification of the annual household income entered on page 2 of the SNAP application is required prior to final approval for the program. As such, applicants must provide a copy of one of the following:

- Most recent tax return
- T4 slip from current or former employer
- Other official documentation verifying annual income

This information will remain confidential, and will be destroyed upon approval for a SNAP voucher.

Signature: _____ Documentation Provided: _____

SURGERY CONSENT & WAIVER

- I consent, as the person responsible for the cat(s) described, that I have the authority to grant the veterinarian my consent to receive, treat and/or operate on these cat(s).
- I understand and agree that the SNAP voucher will only cover the cost of a **routine** spay/neuter procedure, standard post-op medication and tattoo identification. I agree the cost of any additional procedures, complications that may arise during the procedure, pre-existing conditions or follow-up care (including but not limited to pyometra, cryptorchid, medications related to complications, etc.) are my responsibility and not covered by the SNAP program.
- I understand that while all procedures are done to the best abilities of the veterinary staff, no assurance or guarantee has been made of the results of any surgery or treatment, and that risks and probabilities of complications exist in any surgical or medical treatment. I consent to the administration of anesthetics and/or other medications as deemed necessary by the veterinarian.
- I understand that, as the registered owner, I am responsible for following the veterinary clinic's pre and post surgical instructions exactly as required.
- I will not hold the BVSPCA, nor the attending veterinarians and their staff, responsible should my cat(s) contract any disease whatsoever.

Initials: _____

FALSIFIED INFORMATION WILL LEAD TO AUTOMATIC REJECTION OF THE APPLICATION.
THE BOW VALLEY SPCA RESERVES THE RIGHT TO REFUSE ANY APPLICANT.

I certify that the information presented in this application is complete to the best of my knowledge and ability. I understand that any falsified or misleading information will lead to the rejection of my SNAP application.

I AM AT LEAST 18 YEARS OF AGE AND AFTER CAREFULLY READING THE ABOVE, I HAVE SIGNED IN AGREEMENT.

_____ _____

Registered Cat Owner Signature *Signed Date*

_____ _____

Registered Cat Owner Name (printed) *Phone Number (include area code)*

IMPORTANT INFORMATION - KEEP THIS PAGE

Below is the policy on subsidizing the spaying/neutering of cats belonging to the general public:

- Upon approval of this application, you will be contacted by the BVSPCA Adoption Centre Manager with a voucher for the procedure and informed that you are eligible to call the veterinarian clinic who received your approval and schedule the spay/neuter procedure for the approved cat(s).
- The authorization voucher to the veterinary clinic is valid for 30 days after issue and covers only the routine spay/neuter procedure, standard post-op medication and an identification tattoo. A tattoo is mandatory and will be applied by the veterinarian clinic.
- Any additional procedures, complications or follow-up medical care are the responsibility of you (the applicant), and will not be covered by the SNAP program or the veterinarian clinic.
- As the registered owner you are responsible for calling and booking the appointment at the clinic.
- Once an appointment has been booked, you must give the veterinary clinic 72 hours cancellation notice. If you fail to keep an appointment without giving the required cancellation notice, the SNAP authorization becomes invalid and will not be reissued and your subsidized financial contribution will not be refunded.
- As the registered owner you are responsible for the cat's transportation to and from the clinic.
- As the registered owner, you are responsible for obtaining and following all pre and post operative care instructions for the cat(s). Consequences for non-compliance with these instructions are your responsibility.