



Compassionate Care Program

This application is only for those applying for the Compassionate Care Assistance Program. We are NOT able to fund emergencies. If you have an emergency, STOP HERE, Animal Wellness Fund will not be able to help, please refer to the Resources page of our website www.huntsvilleanimalwellnessfund.ca

Successful applicants will receive funding for the initial veterinary examination and procedure, the owner is responsible for paying their \$100.00 portion of the veterinary bill after the procedure has been approved and prior to the surgery.

Eligibility

You may be eligible for the Compassionate Care Program if you meet one of the following criteria:

- Combined family net income of \$45,000 or less (Current year - Income Tax Assessment Form);
- Single parent with a net income of \$35,000 or less (Current year - Income Tax Assessment Form);
- Single and have a net income of \$30,000 or less (Current year - Income Tax Assessment Form);

Due to privacy concerns please blackout or remove SIN numbers from all supporting documents.

Requirements for Pet Owner

The following are guidelines that Animal Wellness Fund follows in the approval process for the Compassionate Care Program. Please ensure that you and your pet meet the following requirements BEFORE applying for assistance.

- You must be the pet's owner/guardian. We do not provide assistance to rescue or adoption organizations, or those fostering an animal prior to adoption.
- The pet's owner/guardian has demonstrated the capability to take responsibility for the health and welfare of his/her animal.
- The pet that you are applying for assistance for is a dog or a cat. We will not cover any other domestic animals, and will not cover farm animals, animals owned by breeders, or animals used for research or commercial purposes of any kind.
- We do not provide assistance for procedures which have already been completed, if the bill has already been paid and you are seeking reimbursement, or if the animal has been released from the veterinarian.

- Applicants whose companion animals are ill due to neglected preventative care will not be considered for funding. If your animal needed care months ago but you did not get treatment, this situation is considered an emergency and will not be funded.
- Your pet must be spayed or neutered or can safely be spayed or neutered at the time treatment is rendered. We will help pay for the spay/neuter surgery in addition to the medical assistance. We do understand that there may be times when the pet cannot be safely spayed or neutered at the time of treatment due to age or the nature of the illness or case.
- You must have already obtained a medical opinion identifying what is ailing your pet and the likely course of treatment and outcome.
- We do not provide assistance for vaccinations, routine care, grooming or kennelling.
- You must be willing to utilize one of the approved veterinarians involved in the program for your animal's procedure. Participating veterinarians are;
 1. Muskoka Animal Hospital, 96 Hanes Rd, Unit 2, Huntsville
 2. Verzijlenberg Veterinary Hospital, 4 John Street, Sundridge
 3. Cottage Country Animal Clinic, 2 Edward St, Parry Sound
 4. Chidiac Animal Hospital, 150 Bay St Gravenhurst
 5. Parry Sound Animal Hospital, 35 Joseph St, Parry Sound
 6. Port Carling Veterinary Services, 155 Medora St, Hwy 118, Port Carling
 7. Callander Animal Hospital, 1878 Highway #94, Callander
 8. Centennial Animal Hospital, 1008 S Monck Dr, Bracebridge
- The chosen veterinarian will provide the Animal Wellness Fund with a report on your pet's overall health and will confirm if your pet is a candidate for the surgery. The Animal Wellness Fund will also receive a detailed quotation from the chosen veterinarian that will be reviewed and approved at the Animal Wellness Fund's discretion for the procedure required. Funding is not guaranteed. The amount quoted by the veterinarian will be paid by the Animal Wellness Fund, less the Owner co-payment. Any additional costs incurred during the procedure are the responsibility of the pet owner/guardian.

Supporting Documents

You must provide the following documentation:

- Proof that your primary residence is in the Muskoka or Parry Sound District. (Driver's License or Letter from landlord)
- Proof of income (copy of current year - income tax assessment form) Due to privacy concerns please blackout or remove SIN numbers. *If you are applying as a combined family net income of \$45,000 or less you must upload tax assessment forms for all residents of the household)
- If you are receiving the Guaranteed Income Supplement, a Letter of Confirmation from the Government of Ontario.
- Report from a veterinarian outlining the illness of the animal and a recommended procedure for the animal with the likelihood of success.

Huntsville Animal Wellness Fund Terms and Conditions

- We do not endorse, recommend or promote any one veterinarian over another. The ultimate decision and agreement to retain the services of the veterinarian is your sole responsibility as the animal's guardian.
- All applications are subject to participating veterinary examination of the animal before approval. Veterinarian examination reports will be forwarded to Animal Wellness Fund for final approval before moving ahead with the procedure.

- For multiple pets; for the first pet the owner contribution is \$100, for an additional pet the owner contribution is \$25. A separate application is required for each animal. The Animal Wellness Fund can only financially assist each household once every two calendar years.
- Only successful applicants will be contacted. We will endeavour to respond to a successful application within ten working days. If funding is denied, Animal Wellness Fund will not provide the reason for denial of funding, nor will we reconsider our decision. However, we will provide on our website information regarding preventative care, and other resources so each applicant will have the opportunity to develop his/her resources for the future.
- Please note that Animal Wellness Fund will not be able to advise you in any way regarding the medical treatment, diagnosis, or prognosis of your animal. If you have medical questions you will need to consult a veterinarian.
- The chosen veterinarian will provide the Fund a detailed quote prior to the procedure which will need to be approved by the Animal Wellness Fund. The Animal Wellness Fund will only pay the quoted amount. Any additional costs incurred during the procedure are the responsibility of the pet owner/ guardian.

Application Submission

Steps for Applying:

- 1) Must be submitted online at www.huntsvilleanimalwellnessfund.ca
The ONLY exception to this is for those applicants unable to access the internet due to accessibility or illness. If this is the case please mail your application to 3 Main St West Suite #1028, Huntsville, ON P1H 0A3.
- 1) You will receive notification of Stage 1 Initial Approval within ten working days. Only those selected will be contacted.
- 2) Applicants are to visit a participating veterinarian for an initial examination and approval from a participating veterinarian in order to receive Stage 2 Final Approval from the Animal Wellness Fund and move forward with the procedure. The initial examination is covered in the funding from the Animal Wellness Fund.
- 3) If funding is approved for your pet's procedure – Stage 2 Approval, successful applicants will at this time arrange the appointment with the veterinarian for the procedure.
- 4) At any time after approval, and prior to the procedure the applicant will pay their \$100.00 contribution to the veterinarian, as well as any additional costs incurred above the approved quotation amount.

APPLICATION FORM

SECTION 1: CONTACT INFORMATION

First Name:

Last Name:

Address:

City/Town:

Postal Code:

Telephone Number:

Cell Phone Number:

Email Address:

How did you hear about us? Vet Radio TV

Newspaper Friend Social Media

Food Bag Sticker Other

How many dogs do you own?

How many cats do you own?

SECTION 2: ANIMAL INFORMATION

Animal: Dog Cat

Sex: Male Female

Pet's Name:

Breed:

Color:

Age:

Weight(lbs):

Where did you obtain your pet? (example: shelter, rescue, stray, breeder):

Which of the participating veterinarians do you intend to use for the procedure?:

- 1. Muskoka Animal Hospital, 96 Hanes Rd, Unit 2, Huntsville
- 2. Verzijlenberg Veterinary Hospital, 4 John Street, Sundridge
- 3. Cottage Country Animal Clinic, 2 Edward St, Parry Sound
- 4. Chidiac Animal Hospital, 150 Bay St Gravenhurst
- 5. Parry Sound Animal Hospital, 35 Joseph St, Parry Sound
- 6. Port Carling Veterinary Services, 155 Medora St, Hwy 118, Port Carling
- 7. Callander Animal Hospital, 1878 Highway #94, Callander
- 8. Centennial Animal Hospital, 1008 S Monck Dr, Bracebridge

Where did you take your pet for the initial examination?

We will receive a summary of your initial examination by the veterinarian you have chosen. If you have any additional information, please provide it below. What health issue is your animal facing? (limit of 200 characters)

SECTION 3: FINANCIAL CRITERIA

You are eligible for assistance if you meet one of the following criteria. Please indicate your family income:

- I have a combined family net income of \$45,000.00 or less
- I am a single parent with a net income of \$35,000.00 or less
- I am single and have a net income of \$30,000.00 or less

SECTION 4: SUPPORTING DOCUMENTATION

You MUST supply the following documentation;

1. Proof that your primary residence is in the Muskoka or Parry Sound District. (Driver's License or Letter from landlord)

Upload:

2. Proof of income (copy of current year - income tax assessment form) Due to privacy concerns please blackout or remove SIN numbers. *If you are applying as a combined family net income of \$45,000 or less you must upload tax assessment forms for all residents of the household)

Upload:

3. If you are receiving the Guaranteed Income Supplement, a Letter of Confirmation from the Government of Ontario.

Upload:

The information is provided solely for the purposes of evaluating if one qualifies for the eligibility of assessment and for no other purpose. It will be kept confidential and the identifying information will be kept strictly confidential after the application is processed.

SECTION 5: DECLARATION

By signing this application, the Applicant hereby acknowledges and agrees that they are solely responsible for the welfare of their animal. In particular, the Applicant acknowledges and agrees that the Animal Wellness Fund is strictly a funding organization and does not assume any liability for the welfare of animals not selected for treatment funding, or any liability for issues that may arise during or at any time after treatment of any animal that has been selected for treatment funding.

I agree that I will pay the \$100.00 fee required of me for my animal's procedure to the vet directly prior to the surgery.

I acknowledge that I understand the Guidelines. I declare that the above information is true and correct to the best of my knowledge.

Your signature:

NON-DISCRIMINATION POLICY

Animal Wellness Fund does not and shall not discriminate on the basis of race, creed, colour, religion, gender, age, national origin, physical or mental health, sexual orientation, or any characteristic protected by law and is in compliance with all requirements of law and regulations with respect to the province of services, employment decisions, and volunteer participation.