



Community Assistance Program Terms and Conditions

Please read this form carefully before submitting your application.

1. Applications must be completed in full.
2. The Hamilton/Burlington SPCA will keep all applications confidential, and will not share information with any other party.
3. If your application is approved, the reduced rate you are given is non-negotiable.
4. Applications will be kept on file for a period of three months only. If we are unable to make contact within that time, your application will be null and void and you will be required to submit a new application.
5. If your application is declined, you will be notified by phone or email.

If your application is approved:

1. All payments are to be made in advance. Once your payment has been received your surgery will be scheduled. Payment will not be accepted on the day of the surgery.
2. Payment can be made over the phone via credit card, or in person at the Hamilton/Burlington SPCA (245 Dartnall Road, Hamilton) Monday to Friday between the hours of 9am and 5pm. Please see reception for payment.
3. Acceptable forms of payment are cash, VISA, MasterCard, and American Express, debit or money order. Cheques will not be accepted.
4. In the case of inclement weather and the subsequent closing of the shelter, you will be contacted and notified via phone of the cancellation of surgeries. Your surgery will be re-scheduled for a later date.
5. Your animal is not to consume any food after 6:00pm the night before surgery. If your animal vomits undigested food, indicating they have eaten after 6:00pm the previous evening, surgery will be cancelled.
6. You must arrive at the HBSPCA with your companion animal at 8:00am on the day of surgery. If you are late, you will not be accepted. Dogs must be on a leash and cats must be in separate plastic cat carriers. All cat carriers must be secure.
7. If your companion animal is deemed unfit for surgery by the veterinary staff at the HBSPCA (but not in breach of any of the conditions laid out in the eligible animal section), you will be notified to pick up your animal and your pre-paid fee will be returned to you by cheque within two weeks.
8. You must return to the HBSPCA to pick up your animal at 3:30pm the same day. Important information and post op instructions are given by the medical staff. The home care video is also available on our website to watch at anytime.

Please submit completed applications to the Hamilton/Burlington SPCA, 245 Dartnall Road, Hamilton, ON L8W 3V9 c/o Spay/Neuter Program, or to mamacnab@hbspca.com.



Community Assistance Program

Is my companion animal eligible?

To participate in the HBSPCA Spay/Neuter Community Assistance Program a companion animal must meet the criteria below.

Your animal must:

- Be between 4 months and 5 years of age
- If you have a male dog or cat, both testicles must have dropped into the scrotal sac, meaning that your animal must have two testicles, not one. We will not neuter any dogs or cats unless they have two testicles.
- Weigh 35 kg or less for male dogs
- Weigh 30 kg or less for female dogs

Your pet must not:

- Be coughing or sneezing.
- Have any medical conditions or history of complications/medical conditions (please indicate on application form. Veterinary technicians will review medical conditions to determine if surgery is possible).
- If your animal is a female dog, she must not be pregnant or in heat. We will not accept dogs that are in heat due to increased risk of blood loss. We recommend that clients wait for one month after their pet's last heat for surgery.
- We will accept female cats in heat, although the risk for increased blood loss is still high. The reason for this is that cats go into heat more often than dogs. Pregnant cats can be spayed, but the pregnancy will be terminated at the time of surgery.

If your animal does not meet all of the above criteria, they are not eligible for the HBSPCA Spay/Neuter Community Assistance program. These guidelines are in place for the safety and well-being of your animal. If it is found that your pet does not meet the above guidelines on the day of surgery, you will be called to pick up your animal.

Please note all pets will be microchipped, at the time of surgery, to the owner information that is provided on your application form.

Please note if your dog is found to be aggressive with our staff you may be asked to return to be present during the pre exam/sedation.



Community Assistance Program

OWNER INFORMATION:

First Name:		Last name:	
Address, include Apt number:		City:	Postal Code:
Phone:	Alternate Phone:	Email:	

ANIMAL INFORMATION:

Name:	Dog: <input type="checkbox"/> Cat: <input type="checkbox"/>	Colour:	Weight:	Date of Birth
Male <input type="checkbox"/> Female <input type="checkbox"/>				
Breed:	If female, has she ever had a litter? <input type="checkbox"/> Yes: <input type="checkbox"/> No:			
		If yes, how many litters?		
Has your pet been vaccinated within the last year?				

I declare that I am the owner of the animal listed on this application and I am of legal age in the province of Ontario. I declare that the information I have given is truthful, complete and correct. I have read the Spay/Neuter Community Assistance Program Terms and Conditions; I understand them in full and agree to adhere to them. I have read the Companion Animal Eligibility section and agree that my animal meets those requirements. I understand that my animal will be microchipped to the information on this application form.

Signature: _____ Date: _____

***If submitting this form electronically, please type full name into the signature spot. This will act as your official signature. Please return completed applications to the HBSPCA 245 Dartnall Road, Hamilton, ON L8W 3V9 or to mmacnab@hbspca.com.*

Subscribe to the HBSPCA Monthly E-Newsletter - Email Address _____

Please add my name and address to the HBSPCA Mailing List

OFFICE USE ONLY:

Date of Assessment:	Cost:	Spay: <input type="checkbox"/>	Neuter: <input type="checkbox"/>
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Optional Add On Items:

- Pre Operative Bloodwork \$84.95 Appointment _____
- Heartworm Test (dogs) \$25.00
- Wellness Package (dogs) \$30.00

Surgery Date _____

Receipt # _____