

Office Use only: \_\_\_\_\_ Date received by ACTSS: \_\_\_\_\_  
Name of Pet



## Animal Cancer Therapy Subsidization Society Application for Subsidization page 1 of 2

Pet owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone# :( ) \_\_\_\_\_ Work#: \_\_\_\_\_

Cell# :( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or neutered? Yes No Weight: \_\_\_\_\_

1. Are you employed?  Yes Occupation: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

2. If unemployed, length of unemployment: \_\_\_\_\_ months/ years

Name and Address of former employer: \_\_\_\_\_

3. Number of human dependants: \_\_\_\_\_ Age of dependants: \_\_\_\_\_

Married: \_\_\_\_ Single: \_\_\_\_ Common-law \_\_\_\_

4. Please indicate your total net annual family income:

- \$15,000 or less       \$15,000 to \$25,000       \$25,000 to \$35,000  
 \$35,000 to \$45,000       \$45,000 to \$55,000       \$55,000 to Amount: \_\_\_\_\_

5. Do you access to any other funds? (Savings, investments, friends, family, RRSP's)

6. Special circumstances in the past year that affect your ability to pay for your pet's cancer therapies: (eg. Family or pet's medical expenses, unexpected household expenses, etc.)

7. How much can you afford (over and above travel costs) towards the cancer treatment of your pet? (This information must be included for your application to be considered complete.)

\$ \_\_\_\_\_

8a. How much have you already spent in the diagnosis and treatment of this cancer? (Please attach receipts or veterinary summary of expenditures ONLY relevant to your pet's cancer)

\$ \_\_\_\_\_

8b. How did you pay for these initial expenses? (i.e. Savings account, family, credit card etc.)

9. Who is your Veterinarian for routine care? By signing this you are agreeing that we will also be contacting them to complete forms for your application.

Dr. \_\_\_\_\_ Clinic: \_\_\_\_\_

10. Cancer treatment you are applying for? (eg. Chemotherapy, radiation, surgery)

11. Please write a short essay (maximum 300 words) to answer the question... "Why I want my pet to receive cancer treatment"

(Please attach essay, legal release and receipts to application)

I, the undersigned, do hereby certify that the information provided by me on this form is true. I am hereby applying for sponsorship from the Animal Cancer Therapy Subsidization Society. I give permission for ACTSS to contact my veterinarian and employer if additional information is necessary. I agree to share a picture and a short story of my pet if my application is successful and understand that the picture and story will be displayed on the ACTSS website for promotional purposes. Surnames will not be used. I also understand that I may be contacted with ACTSS related publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_