

Office Use only: _____ Date received by ACTSS: _____
Name of Pet



Animal Cancer Therapy Subsidization Society Legal Release

I, _____ have read and understand the following:

1. ACTSS is a non-profit society incorporated for the purpose of providing pet owners with subsidization for the treatment of cancer of their pets.
2. Due to restricted funding, not all requests for subsidization will be approved, or approved for the amount requested.
3. That ACTSS accepts no responsibility for the medical outcome of any treatment or therapy received by my pet should my application be approved in whole or in part.
4. That ACTSS has the right to check all content information and in doing so, you may be asked to provide supporting documents such as T4's, employment records or financial statements.
5. ACTSS has the right to ask for full refund of all subsidy money granted if the application turns out to be in any way fraudulent.
6. That ACTSS will hold all applicants accountable and will legally pursue the applicant if any information is deemed to be fraudulent.

Dated this _____ day of _____ 20_____.

Signature of Applicant: _____

Witness name (please print): _____
(must be an independent 3rd party, over the age of 18)

Witness signature: _____