



Cambridge & District Humane Society
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A registered charitable organization, number 136828522 RR0001



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The Cambridge & District Humane Society (CDHS) provides financial assistance funds to family owned pets in need of lifesaving emergency veterinary care, or end of life care whose caregivers cannot afford the full cost of treatment.

Our programs are designed to help with the treatment of emergency medical conditions where the pet would otherwise suffer, without proper veterinary care. Due to limited funding, not all qualifying applicants will be awarded assistance. The program offers a max amount of up to \$1500.00, which will be given one time for the lifetime of your pet.

Applications for assistance will be considered if:

- Your pet needs emergency veterinary care
- Your pet has already been seen by a licensed veterinarian
- The veterinarian has determined your pet has a good prognosis with treatment
- The veterinarian has determined your pet is in need of immediate euthanasia
- You can provide us reason for financial need
- Funds are available
- And the treatment plan has not yet been paid as we do not reimburse for any payments already made

Submitting an application does **not** guarantee approval. All questions must be answered or your application will not be reviewed. Please keep this and a copy of your completed application for your records. This list highlights our expectations of you, the client. When you accept funding from CDHS, you have agreed to the following **client responsibilities**.

1. Provide a write up of financial need. For example, lifestyle changes, financial income loss, or you can have your case worker contact us directly.
2. Contact CDHS via email or phone **BEFORE** scheduling any additional exams, rechecks, or requesting any additional treatments or medications that you are unable to pay for yourself. All care must be approved by CDHS in advance. **We cannot approve care on the spot once you are already at a clinic.**

APPLICATION

Please complete each section before submitting your application

Name: _____ Date: _____
Address: _____
Phone: _____
Email: _____
Caseworker Name: _____
Caseworker Number: _____
Are you currently employed? No Yes Full Time Part Time

Pet Needing Assistance

Name: _____ Age: _____ Breed: _____
How long have you owned your pet?: _____
Current Veterinarian: _____
What condition/issue does your pet have: _____

What is estimated cost of treatment: \$ _____
please include estimate provided by your vet
Amount you can contribute to this care/estimate? \$ _____
How did you hear about our program? _____

In a brief summary, please explain why you are in need of our program: _____

CDHS is an organization that relies exclusively on private donations to help pets like yours. Due to limited funding, not all qualifying applicants will be awarded assistance. Funding decisions are made at the discretion of CDHS and based on: fund availability, financial need of owner, the opinion of the treating veterinarian as to the medical necessity, urgency and prognosis for the treatment needed. For those granted financial aid, CDHS will determine the amount and conditions to be funded.

If CDHS approves an application, we will contact the individual requesting assistance as well as the treating veterinarian to identify what procedures will be covered. Treatment can be scheduled **only** after notification of both parties by an authorized CDHS representative. The balance of any additional treatment/service costs elected by the applicant that were not **pre-approved** by CDHS will be the financial responsibility of the applicant. Once provided with an invoice for services rendered, CDHS will disburse the approved funds directly to the veterinarian or service provider.

I, _____, have read and understand the above application and attest that the information I have provided to CDHS is accurate and complete. I acknowledge that CDHS reserves the right to demand repayment if I have provided any false information regarding my income qualification or eligibility for consideration, and may opt to pursue such a claim in a court of law. I further certify that I am the legal owner of the pet(s) named above and give my consent for the above-mentioned medical care and/or services. I release this organization, its officers, employees and volunteers from any and all liability and I understand CDHS makes no assurances as to the appropriateness, quality or outcome of any medical diagnoses, treatments, products or services.

Date

Signature

