

Animal Aide Pontiac

Cat or Dog Financial Assistance Programme

CAT DOG

Please Circle CAT or DOG

Date: _____

Name of Applicant: _____

Address: _____

Telephone: _____

Number of: Males ____ Females ____

Which veterinary clinic will you be using: _____

Signature: _____

Send completed form to:

Katherine Morris

13 ch Hughes

Otter Lake, QC J0X 2P0 819-453-2185

Or Email completed form to: animalaidepontiac@gmail.com.

Please put Spay/Neuter Programme in the subject heading.

All applications are pending until final approval by AAP