

# “IN MEMORY OF MAGGIE MAY”

## APPLICATION FOR FINANCIAL ASSISTANCE – Client’s Financial Information Form

**PLEASE REVIEW OUR QUALIFICATION REQUIREMENTS before submitting an application.**

**Our fund is dedicated to help pet guardians and their pets that have NO other options.**

### Criteria

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#### TO QUALIFY FOR FINANCIAL ASSISTANCE:

- The Application for Financial Assistance-Veterinarian’s Pet Information Form and Client’s Financial Information Form must be submitted by the attending veterinarian.
- Must have a pre-existing veterinary-client patient relationship either with the attending or referring veterinarian, if not, previous medical history will be required.
- Must demonstrate a financial need for assistance as per our Financial Assistance application.
- Must be a permanent resident of BC
- Pet must be the applicant owned companion.
- Whenever possible, applications for assistance should be submitted prior to treatment (or within 5 days after contact in emergency situations).
- Must have a complete, detailed estimate for all costs, including costs for any follow-up care that will be needed.
- Must be a quality of life threatening illness, injury or condition that requires immediate or prompt veterinary care.
- The prognosis (in the veterinarian’s best professional judgement) must indicate a favourable, happy and rewarding outcome.
- Can only request financial assistance for one pet per household.
- Must agree to contribute to the cost of care for their pet.
- Must agree to follow the directions of the veterinarian regarding after care, provide updates and photos if possible.

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#### WE CANNOT QUALIFY:

- Breeders, Fosters, Rescue/Shelter Organizations, Farm animals or Service Animals.
- Routine care, such as spay/neuter, vaccines, heartworm preventatives, routine office visits, etc.,
- Injury/illness that could have been prevented through standard routine care.
- Elective surgeries, that is not required for survival.
- Medical care for pets with poor prognosis or already deceased.
- Treatment if it is only a possibility that it will be needed.
- Geriatric care, routine dental care, maintenance medicines.
- Assistance if it has been provided for in the past or the applicant is currently receiving financial assistance for another pet.
- Pets that have already been treated and assistance is requested for an outstanding bill.
- Reimbursement for bills that have already been paid.
- Exams and tests required to make a diagnosis.

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Please ensure the applications are fully completed and the necessary documentation is attached in order for us to make a decision in a timely manner.

An estimate for the treatment & Medical History must be provided.  
Proof of income is mandatory, including recent CRA Assessment.

More information is found on our website: <https://inmemoryofmaggie.com/criteria/>

“IN MEMORY OF MAGGIE MAY” reserves the right to deny funding to anyone for any reason.

# "IN MEMORY OF MAGGIE MAY"

## APPLICATION FOR FINANCIAL ASSISTANCE – Client's Financial Information Form

TO BE COMPLETED BY CLIENT - Please email completed form and documents to: [maggiemay99@telus.net](mailto:maggiemay99@telus.net)

DATE: \_\_\_\_\_

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CLIENT INFORMATION	
LAST NAME	_____ FIRST NAME _____
ADDRESS	_____
CITY	_____ PROVINCE _____ POSTAL CODE _____
PH #	HOME _____ CELL _____
EMAIL	_____
SINGLE	_____ MARRIED _____ DEPENDANTS _____
PLEASE LIST DEPENDANT NAME(S) & AGE:	
_____	_____
_____	_____
_____	_____

EMPLOYMENT INFORMATION	
<b>CLIENT</b>	
EMPLOYER	_____
ADDRESS	_____
CONTACT	_____ PH# _____
FULL TIME	_____ PART TIME _____ HOURLY RATE _____ MONTHLY SALARY _____
POSITION	_____ HOW LONG _____
<b>SPOUSE</b>	
EMPLOYER	_____
ADDRESS	_____
CONTACT	_____ PH# _____
FULL TIME	_____ PART TIME _____ HOURLY RATE _____ MONTHLY SALARY _____
POSITION	_____ HOW LONG _____

# “IN MEMORY OF MAGGIE MAY”

## APPLICATION FOR FINANCIAL ASSISTANCE – Client’s Financial Information Form

### ASSETS (value at time of application)

CASH ON HAND	_____	\$	_____
BANK ACCOUNTS	_____	\$	_____
INVESTMENTS	_____	\$	_____
OTHER	_____	\$	_____

### TYPICAL MONTHLY FAMILY INCOME & EXPENSES (value at time of application)

TOTAL HOUSEHOLD INCOME	\$ _____	CREDITOR	_____
MORTGAGE	\$ _____	PAYMENT	\$ _____
RENT	\$ _____	BALANCE	\$ _____
FOOD	\$ _____	CREDITOR	_____
UTILITIES	\$ _____	PAYMENT	\$ _____
MEDICAL/DENTAL	\$ _____	BALANCE	\$ _____
TRANSPORTATION	\$ _____	CREDITOR	_____
CHILD CARE	\$ _____	PAYMENT	\$ _____
INSURANCE	\$ _____	BALANCE	\$ _____
CHILD SUPPORT	\$ _____	OTHER	\$ _____

### OTHER INCOME (please check all that are applicable& attach confirming documents)

UNEMPLOYMENT BENEFITS	_____	MONTHLY AMOUNT	_____
SOCIAL ASSISTANCE	_____	MONTHLY AMOUNT	_____
OLD AGE SUPPLIMENT	_____	MONTHLY AMOUNT	_____
GUARANTEED INCOME SUPPLIMENT (GIS)	_____	MONTHLY AMOUNT	_____
CANADA PENSION PLAN (CPP)	_____	MONTHLY AMOUNT	_____
CANADA PENSION PLAN DISABILY (CPP)	_____	MONTHLY AMOUNT	_____
PRIVATE PENSION PLAN	_____	MONTHLY AMOUNT	_____
WORK SAFE BENEFITS	_____	MONTHLY AMOUNT	_____

# “IN MEMORY OF MAGGIE MAY”

## APPLICATION FOR FINANCIAL ASSISTANCE – Client’s Financial Information Form

### CHECK LIST FOR DOCUMENTS TO BE ATTACHED

CRA CURRENT NOTICE OF ASSESSMENT

*Please ensure that your SIN # is blacked out*

\_\_\_\_\_

PAY STUBS/EMPLOYMENT LETTER

*Please ensure that employee # and SIN # is blacked out*

\_\_\_\_\_

STATEMENTS OF OTHER INCOME OR BENEFITS

*Please ensure account numbers and SIN # is blacked out*

\_\_\_\_\_

CONFIRMATION OF DEPENDANTS

*i.e. Canada Child Benefits statement*

\_\_\_\_\_

### OTHER INFORMATION OR COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR PRIVACY IS IMPORTANT TO US. THE PERSONAL INFORMATION COLLECTED IS USED STRICTLY TO PROCESS APPLICATIONS FOR FINANCIAL ASSISTANCE, IT IS NOT USED FOR ANY OTHER PURPOSE AND IS NOT SHARED. PERSONAL INFORMATION IS SAFEGUARDED AND ACCESS IS ONLY GIVEN TO AUTHORIZED REPRESENTATIVES OF “IN MEMORY OF MAGGIE MAY”.

THE UNDERSIGNED CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED IN THIS APPLICATION FOR FINANCIAL ASSISTANCE AND IN THE ACCOMPANYING STATEMENTS AND DOCUMENTS IS TRUE, COMPLETE, AND CORRECT. THE UNDERSIGNED AUTHORIZES INFORMATION TO BE RELEASED, EITHER VERBALLY OR WRITTEN TO “IN MEMORY OF MAGGIE MAY” REPRESENTATIVES CONCERNING THIS APPLICATION FOR FINANCIAL ASSISTANCE. THE UNDERSIGNED UNDERSTANDS THAT FURTHER INFORMATION AND/OR DOCUMENTS MAY BE REQUESTED. THE UNDERSIGNED UNDERSTANDS THAT SHOULD IT BE DEEMED THAT FUNDS WERE RELEASED BASED ON FRAUDULENT INFORMATION, ALL MONIES MUST BE REPAID IMMEDIATELY BY THE APPLICANT TO “IN MEMORY OF MAGGIE MAY”.

I \_\_\_\_\_ WILL PROVIDE UPDATES AND GIVE PERMISSION FOR IT AND/OR MY PICTURE AND/OR MY PET’S PICTURE AND NAME, TO BE USED BY “IN MEMORY OF MAGGIE MAY”, IT MAY BE USED IN OUR WEBSITE, FACEBOOK, AND/OR BROCHURES, OR ANY TYPE OF DISPLAY.

\_\_\_\_\_  
APPLICANTS Signature

\_\_\_\_\_  
PRINTED Name