

**File #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voucher Done: \_\_\_\_\_\_\_\_\_\_\_\_**

**Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Low Income Spay & Neuter Program Application**

Please complete the application in full and be sure it is legible. You must receive a confirmation call from us before you book your vet appointment. If you have not received a call within 2 weeks of submitting your application, please phone the shelter at 204-638-6966. The amount you pay will depend on the procedure. **Accepted payment methods are cash, cheque, or eTransfer. If paying by etransfer the payment can be sent to** [**pets12@mymts.net**](mailto:pets12@mymts.net) **with the password “shelter”**.

**Part A: General Information**

1. Owners name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Surgical Procedure requested: 🞎 Cat Spay ($75.00) 🞎 Dog Spay ($130.00)

🞎 Cat Neuter ($44.75) 🞎 Dog Neuter ($120.00)

1. Animal’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Veterinarian (check one):

*Dauphin Vet Clinic \_\_ Uptown Pet Clinic \_\_ Ste. Rose Vet Clinic \_\_ Roblin Vet Services \_\_*

1. Is there a possibility that your animal may be pregnant now? 🞎 Yes 🞎 No
2. General health of animal (medical conditions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many cats/dogs do you have in your home? Cats \_\_\_\_\_\_\_\_ Dogs \_\_\_\_\_\_\_\_\_
4. Are your other pets spayed/neutered? 🞎 Yes 🞎 No

**Part B: Proof of Income**

This program is geared towards pet owners unable to pay the full cost of the procedure. The Parkland Humane Society is a non-profit organization, and is providing this program with limited funds. Therefore, we have a responsibility to ensure the requests for financial assistance are legitimate. **Please provide us with the following information and a copy of your latest income tax.** Failure to provide us with proof of income may delay your application.All information will remain confidential.

How many wage earners live in the household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the adults who maintain the household are not employed, please indicate the source of income and the amount (e.g. social assistance, pension, disability insurance, etc.)

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

Annual Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part C: Release & Declaration**

**RELEASE**

I hereby certify that I own the animal described herein.

If said animal should injure itself, become ill or die while participating in the spay & neuter program, Parkland Humane Society will not be held responsible.

I understand that any additional surgical costs incurred over the cost of the spay and/or neuter or additional boarding fee costs are my responsibility.

**DECLARATION**

I am above the age of eighteen (18) years old.

I understand that the Parkland Humane Society is offering this cost sharing spay/neuter program as a public service to our community. I ensure to provide proper care and protection needed to ensure the animals’ health and safety.

I understand the veterinarians involved have the right to refuse the procedure for medical reasons. If the veterinarian deems the animal unfit for surgery, the procedure will be cancelled and Parkland Humane Society Inc. will be notified so arrangements can be made to refund the amount paid.

I understand that the Parkland Humane Society Inc. has the right to refuse this service should it be determined that I have not been truthful in stating my financial need for assistance.

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**