



PLEASE PRINT

Department of Community Services

CAT SPAY ASSISTANCE APPLICATION
FEMALE CATS ONLY

Applicant

SECTION 1

Name: _____

Address: _____

City/Town: _____ Postal: _____

Telephone (home): _____ (work): _____ (cell): _____

Email: _____

Animal Information – to be completed by applicant. Maximum one cat per household.

SECTION 2

This application applies for female cats only.

Name: _____ Colour: _____ Age: _____

Indoor Only: Indoor/Outdoor: Short Hair: Long Hair: Breed: _____

Number of past litters: _____ Number of cats in your household: _____

Does your cat have any known medical conditions? Yes No

If yes, please provide detail:

Financial Criteria

SECTION 3

You are eligible for assistance if you meet one of the following criteria – check one only:

- I have a single net income of \$25,000 or less
- I have a combined family net income of \$40,000 or less

Supporting Documentation

SECTION 4

The documentation below must accompany this application:

1. Photo identification to provide identity and proof of residency in St. John’s.
2. Proof of income – copy of current year income tax assessment.
 - Provide tax assessments for all family members living in the household
 - We do not accept pay stubs or T4s
3. If you are receiving the Guaranteed Income Supplement, a letter of confirmation from the Government of Canada. Please note this is not CPP or OAS.

Applicant Declaration

SECTION 5

I certify that the information contained in this application is true to the best of my knowledge, information and belief. I further acknowledge, that should I be selected, I will pay the reduced fee of \$140 (taxes included). Payment will be required within two weeks of program approval

Signature _____ Date _____

The selection process is not solely based on financial criteria, but also on animal information.

Due to the limited number of surgeries that can be provided, only those selected will be contacted.

Office Use Only

SECTION 6

Confirmation of residence in the form of: _____

Confirmation of income in the form of: _____

Confirmation of GIS in the form of: _____

ACR Check: Yes No Comments: _____

Approved by: _____ Date _____

Declined by: _____ Date _____

Comments:



NEWFOUNDLAND AND LABRADOR, CANADA

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of program approval. Questions about the collection and use of the information may be directed to Cindy R. McGrath, Manager – Humane Services, cmcgrath@stjohns.ca

The completed form and supporting documentation can be submitted to Humane Services, 81 Higgins Line only during the specific date and time listed on the City website.

Humane Services

PO Box 908

St. John's, NL

A1C 5M2

E-mail: humaneservices@stjohns.ca

Call Humane Services (709) 576-6126

Monday to Friday, 12 noon to 4pm

Saturday & Sunday, 3pm to 5pm