



PLEASE PRINT

Department of Community Services

CAT NEUTER ASSISTANCE APPLICATION
MALE CATS ONLY

Applicant

SECTION 1

Name: _____

Address: _____

City/Town: _____ Postal: _____

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

Email: _____

Animal Information – to be completed by applicant.

SECTION 2

This application applies for male cats only.

Name: _____ Colour: _____ Age: _____

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

Does your cat have any known medical conditions? Yes No

If yes, please provide detail:

Are there 2 testicles present in the scrotum? Yes No

Financial Criteria

SECTION 3

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

- I have a combined family net income of \$25,000 or less
- I am 65 years of age or older and receiving the Guaranteed Income Supplement

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.
4. Payment of \$135 by either cash, debit or credit card upon submission of application.
 - The price quoted is for a cat with two testicles present in the scrotum.
 - If one or both testicles is retained in the abdomen the fee will \$365 and is due before the cat can be admitted for surgery.

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 surgeries are performed by the Kenmount Road Veterinary Hospital.

Signature _____ Date _____

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: _____

Approved by: _____ Date _____

Declined by: _____ Date _____

Comments:

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

Submit the completed form, supporting documentation and payment to Humane Services, 81 Higgins Line only during the specific date and time listed on the City website.

Humane Services
81 Higgins Line
St. John's, NL
E-mail: humaneservices@stjohns.ca
Call Humane Services (709) 576-6126
Monday to Friday, 12 noon to 4pm
Saturday & Sunday, 3pm to 5pm