



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 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.

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:

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](mailto: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](mailto:humaneservices@stjohns.ca)

Call Humane Services (709) 576-6126

Monday to Friday, 12 noon to 4pm

Saturday & Sunday, 3pm to 5pm