



PLEASE PRINT

Department of Community Services

SPAY/NEUTER ASSISTANCE APPLICATION FORM

CONTACT INFORMATION (to be completed by the applicant)

SECTION 1

Name \_\_\_\_\_
Address \_\_\_\_\_
City/Town \_\_\_\_\_ Postal \_\_\_\_\_
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_
E-mail \_\_\_\_\_

ANIMAL INFORMATION (to be completed by the applicant)

SECTION 2

Dog  Cat  Male  Female 
Name \_\_\_\_\_ Breed \_\_\_\_\_
Color \_\_\_\_\_ Age \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_

FINANCIAL CRITERIA (to be completed by the applicant) - CHECK ONE ONLY

SECTION 3

You are eligible for assistance if you meet one of the following criteria:
 I have a combined family net income of \$25,000.00 or less
 I am a single parent with a net income of \$25,000.00 or less
 I am single and have a net income of \$15,000.00 or less
 I am 65 years of age or older and receiving the Guaranteed Income Supplement

SUPPORTING DOCUMENTATION (THE DOCUMENTATION BELOW MUST ACCOMPANY THIS APPLICATION)

SECTION 4

- 1. Proof of identification which shows you reside in the City of St. John's.
2. Proof of income (copy of either this year or the previous year income tax assessment).
3. If you are receiving the Guaranteed Income Supplement, a Letter of Confirmation from the Government of Canada.

PLEASE NOTE: The information is provided solely for the purposes of evaluating if one qualifies for the eligibility of assessment and for no other purpose. It will be kept confidential and the identifying information will be destroyed after the application is processed.

APPLICANT DECLARATION (to be completed by the applicant)

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 and accept that should I be selected, I will pay the reduced fee of \$85.00 for a cat spay or neuter and \$110.00 for a dog spay or neuter. This cost also includes a registration tag.
Signature \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

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



NEWFOUNDLAND AND LABRADOR, CANADA

OFFICE USE ONLY

SECTION 6

Confirmation of Residency in the form of: \_\_\_\_\_

Confirmation of Income in the form of: \_\_\_\_\_

Confirmation of the GIS in the form of: \_\_\_\_\_

Approved by \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Declined by \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Comments \_\_\_\_\_

The completed form and supporting documentation can be delivered to **Humane Service, 81 Higgins Line** during normal working hours or mailed to the address noted below.

Humane Services  
P.O. Box 908, 81 Higgins Line  
St. John's NL A1C 5M2  
For additional information please visit Access St. John's  
Call: 311 Where 311 is unavailable, call 709-754-CITY (2489)  
E-mail: [humaneservices@stjohns.ca](mailto:humaneservices@stjohns.ca)  
Call Humane Services 576-6126  
Monday-Friday Noon – 4 PM, Sat-Sun 3-5 PM