

	CS – Cat Spay Assistance Application – Female Cats Only	Community Services
	Cat Spay Assistance Application – Female Cats Only	

Applicant	SECTION 1
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Name _____

Address _____

City/Town _____ Postal Code _____

Telephone (home) _____ (Work) _____ (cell) _____

Email _____

Animal Information – to be completed by applicant	SECTION 2
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This application applies for female cats only.

Maximum one cat per household.

Name _____ Colour _____ Age _____

Indoor/outdoor: Indoor Only Indoor and Outdoor

Hair: Short Hair Long Hair

Breed _____

Number of Past Litters _____ Number of Cats in your Household _____

Does your cat have any know medical conditions: Yes No

If yes, please provide detail:

Financial Criteria	SECTION 3
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You are eligible for assistance if you meet one of the hollowing criteria – check one only:

I have a sign 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 is required. 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 limited number of surgeries that can be provided, only those elected 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

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Privacy Notice		SECTION 7
<p>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 Manager of Humane Services, humaneservices@stjohns.ca.</p>		
<p>Please submit complete form, supporting documentation, and payment during business hours to:</p>	<p>Humane Services 81 Higgins Line St. John's, NL</p>	<p>For more information: Phone: (709) 576-6126 Email: humaneservices@stjohns.ca</p>