

	CS – Cat Neuter Assistance Application – Male Cats Only	Community Services
	Cat Neuter Assistance Application – Male Cats Only	

Applicant	SECTION 1
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Name _____

Address _____

City/Town _____ Postal _____

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

Email _____

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

Name _____ Colour _____ Age _____

Indoor/Outdoor: Indoor only Indoor and Outdoor

Hair: 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
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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 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.
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 Manager of Humane Services, humaneservices@stjohns.ca.

Please submit complete form, supporting documentation, and payment during business hours to:

Humane Services
81 Higgins Line
St. John's, NL

For more information:
Phone: (709) 576-6126
Email: humaneservices@stjohns.ca