



Parkland Humane
SOCIETY INC.

**LOW INCOME PET SPAY/NEUTER PROGRAM
APPLICATION FORM**

Please complete application in full and be sure it is legible. Failure to do so may result in delay in response or rejection of application. If you have any questions, please phone our message service, speak clearly while you leave your name, phone number and the reason for your call and we will get back to you. The number is 204-638-6966.

The amount you pay will depend on the animal and the procedure that you are requesting to have done. It will be a 60/40 % split. The PHSI will pay 40% and you pay the 60%.

PART A

1. Name of animal owner _____

Address _____

City/Town _____ Postal Code _____

Phone Numbers _____ (home) _____ (wk) _____ (other)

2. Surgical Procedure requested: Female Cat Spay Female Dog Spay

Male Cat Neuter Male Dog Neuter

3. Animal's name: _____ Breed _____

4. Veterinarian's Name and Address _____

5. Are the animal's vaccinations up to date? Yes No

6. Is there any possibility that you animals might be pregnant now? Yes No

When was your animal's last heat cycle? _____

7. Approximate age of animal that requires surgery _____

Approximate weight of animal _____

8. General health of animal (specify any medical condition the animals is being treated for)

Has the animals ever had surgery before? Yes No If yes, did the animals have any unfavorable reactions? Yes No If so, please explain _____

9. How many other cats and/or dogs do you have in your home? _____ Cats _____ Dogs

How many are spayed and/or neutered? _____ Cats _____ Dogs

PART B

The Spay/Neuter Program is geared towards pet owners unable to pay the full cost of the procedure for their animal, and is cost shared between the Parkland Humane Society Inc. and the owner.

The Parkland Humane Society Inc. is a non-profit organization, and is providing this program with limited funds. Therefore, we have a responsibility to ensure the requests for financial assistance for the program are legitimate.

Please assist by providing the following information. (all information will remain confidential). Proof of financial assistance may be requested.

Did you purchase/adopt the animal? Yes No If yes, from where was the animal purchased/adopted? _____

How many children (under 18) live in the household? _____

How many adults (over 18) live in the household? _____

How many wage earners live in the household? _____

Names:	Place of Work:	Hours per week:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual household income _____

If the adults who maintain the household are not employed, please indicate the source of income and the amount (e.g. social assistance, pension, disability insurance, etc.)

Failure to provide the above information, could lead to delay and/or rejection of your application. Please ensure that you provide us with all information.

Please read and sign the release and declaration.

PART C

RELEASE

I hereby certify that I own the animal described herein.

If said animal should injure itself, refuse food, soil itself, become ill or die while participating in the Pet Spay and Neuter Program, I will hold the Parkland Humane Society Inc. free of all responsibility and/or liability.

If I neglect to pick the animal mentioned earlier by the specified time from the veterinary clinic and is left for more than thirty (3) days, said animal will become the property of the Parkland Humane Society Inc.

I understand that any additional surgical costs incurred over the cost of the spay and/or neuter are my responsibility.

I understand that any additional boarding fees incurred after surgery are my responsibility.

Signature of Applicant

Date

PART D

DECLARATION

I understand that the Parkland Humane Society Inc. is offering this cost sharing spay/neuter program as a public service in our community. I agree to ensure to provide the proper care and protection needed to ensure that the animal's health and safety.

I understand the veterinarians involved in the have the right to refuse the procedure for medical reasons. If, in their opinion, the animal has an existing medical condition(s) that make it a poor candidate for surgery or if surgery might cause undue risks to the animal's health, the surgery will be cancelled and Parkland Humane Society Inc. will be notified so that arrangements can be made to refund the funds paid.

I am above the age of eighteen (18) years.

I understand that I will be required to pay my portion of the cost within fifteen (15) days of receiving the acceptance letter unless prior arrangements have been made. If payment has not been received or arrangements made within the fifteen (15) days, the application will be void.

I understand that if my animal is in heat or is pregnant, additional charges may be incurred and that I am responsible for such charges.

I understand that the Parkland Humane Society Inc. has the right to refuse this service should it be determined that I have not been truthful in stating my financial need for this assistance.

I declare that I have read the release and declaration and I further declare that I make this application truthfully.

Signature of Applicant

Date



Parkland Humane
SOCIETY INC.

Send Completed Application for to:

Parkland Humane Society Inc.
Attn: Pet Spay/Neuter Program
Box 805
DAUPHIN, Manitoba
R7N 3B3

For Office use Only

Date Application Received _____ File No. _____

Date Application Reviewed _____

Approved? Yes _____ No _____

Reasons for rejection:

Signature of Humane Society representatives and date:
