



Spay and Neuter Program Application

The Low Income Spay and Neuter Program offers fully funded and partially funded spay and neuter of cats and dogs for qualifying residents of the City of Regina.

Spay and neuter procedures are completed at the Regina Humane Society Spay and Neuter Clinic. The Program is offered through funding from the City of Regina and the Regina Humane Society. The goal of the Program is to increase the number of spayed/neutered cats and dogs, reduce the number of unwanted cats and dogs and decrease the number of cats and dogs put down in the City of Regina.

Why Spay and Neuter?

There is a serious pet overpopulation crisis. Nearly 2,000 cats and dogs are put down in the City of Regina each year because there are not enough homes. The number of healthy dogs and cats put down each year can be greatly reduced if more pet owners spay/neuter their animals. Other benefits of spaying/neutering include:

- Improved health/longer life
- No unwanted litters
- Less aggressiveness, roaming, spraying and marking

Eligibility

To be eligible for the Program, participants must be 18 years or older; be a resident of the City of Regina; be the owner or keeper of the cat or dog; and offer proof of being a recipient of Social Assistance or eligible for one of the following qualifying income levels:

1) Fully Funded Spay/Neuter

1 person \$19,094	5 persons \$40,239
2 persons \$23,769	6 persons \$45,385
3 persons \$29,222	7 or more persons \$50,529
4 persons \$35,480	

2) Partially Funded Spay/Neuter @ \$60.00

1 person \$23,400	5 persons \$50,038
2 persons \$29,250	6 persons \$56,543
3 persons \$35,978	7 or more persons \$63,328
4 persons \$43,893	

***Program participants are requested to pay for a City of Regina Pet License: Dogs License - \$25 Cat License - \$20*

How to Apply

Complete, sign and date the application. Deliver the completed application along with proof of eligibility to the: Regina Humane Society on Armour Road seven days a week from 9 am to 5 pm. To protect your privacy, please do not mail any of the documentation, including income information. These documents must be reviewed by a RHS staff member in person only. For further information on completing the application or questions regarding the Program, please contact 543-6363 Ext. 221. Transportation arrangements for spay/neuter, if required, may be made upon application approval.

Name: _____

Address: _____

Postal Code: _____

Home Phone: _____

Transportation Required: Yes No

To determine your eligibility for the Low Income Spay and Neuter Program we will require the following information:

- whether you receive social assistance;
- or your income number of persons in your household.

If you receive income support through Social Assistance, you will be required to present a copy of your most recent pay stub.

If you do not receive income support through social assistance, you will be required to present a copy of your 2013 Income Tax Summary form or Notice of Return. If you do not have either, you can request a certified summary of income from the Canada Revenue Agency by calling 1-800-959-8281.

The information you provide to the Regina Humane Society will be kept strictly confidential and is used solely to determine program eligibility. The Regina Humane Society will only verify your information and will not record your income information or status as a social service recipient, nor will the Regina Humane Society retain any copies of any documents of this nature.

I hereby certify that the information I have provided is truthful and correct to the best of my knowledge. I hereby agree to waive any and all claims for damages against the Regina Humane Society, and any officers, volunteers, or agents of the Low Income Spay and Neuter Program in the event of death or injury to the animal during the surgical sterilization process.

*****The Regina Humane Society reserves the right to refuse any application. *****

Signature _____

Date _____

1) PetPlease check one: Cat Dog Please check one: Male Female

Pet Name: _____

Pet Age: _____

Breed: _____

Colour: _____

2) PetPlease check one: Cat Dog Please check one: Male Female

Pet Name: _____

Pet Age: _____

Breed: _____

Colour: _____

3) PetPlease check one: Cat Dog Please check one: Male Female

Pet Name: _____

Pet Age: _____

Breed: _____

Colour: _____

4) PetPlease check one: Cat Dog Please check one: Male Female

Pet Name: _____

Pet Age: _____

Breed: _____

Colour: _____

Please answer the following question:

How did you hear about the Low Income Spay and Neuter Program? Please check all that apply.

- E-mail
- Word of Mouth
- Community Presentation
- School Program
- Web (Website, Facebook, Blog, e-newsletters)
- Door Hangers
- Post Cards
- Posters
- Murals
- Community Association Billboards or Newsletter
- Bus Board
- Television PSA's
- Community Event Appearance
- Media (Television, Radio)
- People for Animals

Thank you for making the commitment to lifesaving
by spaying or neutering your pet!



Verification of Funding Eligibility

Fully Funded

Partially Funded

_____RHS Staff

1) Pet

Pre-surgical Contact Date: _____

Pet in Good Health: _____

Pet Age: _____ Pet Name: _____

Breed: _____

Colour: _____ Sex: Male Female

Sterilization Date: _____ Time: _____

Waiver Signed Yes No

Pick-Up Date: _____ Time: _____

Post-Surgical Telephone Follow-Up Date: _____

2) Pet

Pre-surgical Contact Date: _____

Pet in Good Health: _____

Pet Age: _____ Pet Name: _____

Breed: _____

Colour: _____ Sex: Male Female

Sterilization Date: _____ Time: _____

Waiver Signed Yes No

Pick-Up Date: _____ Time: _____

Post-Surgical Telephone Follow-Up Date: _____

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3) Pet

Pre-surgical Contact Date: _____

Pet in Good Health: _____

Pet Age: _____ Pet Name: _____

Breed: _____

Colour: _____ Sex: Male Female

Sterilization Date: _____ Time: _____

Waiver Signed Yes No

Pick-Up Date: _____ Time: _____

Post-Surgical Telephone Follow-Up Date: _____

4) Pet

Pre-surgical Contact Date: _____

Pet in Good Health: _____

Pet Age: _____ Pet Name: _____

Breed: _____

Colour: _____ Sex: Male Female

Sterilization Date: _____ Time: _____

Waiver Signed Yes No

Pick-Up Date: _____ Time: _____

Post-Surgical Telephone Follow-Up Date: _____

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