Regina Humane Society

City of Regina | REGINA Infinite Horizons

Spay and Neuter Program Application

The 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. Many pets born each year will never find a permanent home and will suffer in our streets, endure abuse and neglect or die due to injury or disease. Spaying and neutering helps reduce the number of homeless and abused pets and pet deaths.

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 $20,550	5 persons $43,307
2 persons $25,582	6 persons $48,845
3 persons $31,450	7 or more persons $54,381
4 persons $38,185	

2) **Partially Funded Spay/Neuter @ $60.00**

1 person $28,770	5 persons $60,630
2 persons $35,815	6 persons $68,383
3 persons $44,030	7 or more persons $76,133
4 persons $53,159	

**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: _____

E-mail:_____

Transportation Required: Yes ☐ No ☐

To determine your eligibility for the 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 2017 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 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_____

Please complete top of page 2 . . .

1) Pet

Where did you get your pet from?

_____

Please check one: Cat ☐ Dog ☐

Please check one: Male ☐ Female ☐

Pregnant: No ☐ Yes ☐ Maybe ☐

Pet Name:_____

Pet Age: _____

Breed: _____

Colour: _____

2) Pet

Where did you get your pet from?

_____

Please check one: Cat ☐ Dog ☐

Please check one: Male ☐ Female ☐

Pregnant: No ☐ Yes ☐ Maybe ☐

Pet Name:_____

Pet Age: _____

Breed: _____

Colour: _____

3) Pet

Where did you get your pet from?

_____

Please check one: Cat ☐ Dog ☐

Please check one: Male ☐ Female ☐

Pregnant: No ☐ Yes ☐ Maybe ☐

Pet Name:_____

Pet Age: _____

Breed: _____

Colour: _____

4) Pet

Where did you get your pet from?

_____

Please check one: Cat ☐ Dog ☐

Please check one: Male ☐ Female ☐

Pregnant: No ☐ Yes ☐ Maybe ☐

Pet Name:_____

Pet Age: _____

Breed: _____

Colour: _____

Please answer the following question:

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

- ☐ E-mail
- ☐ Word of Mouth
- ☐ Community Presentation
- ☐ School Program
- ☐ Web (Website, Facebook, e-newsletters)
- ☐ Door Hangers
- ☐ Post Cards
- ☐ Posters
- ☐ Murals
- ☐ Community Association Billboards/Newsletter
- ☐ Bus Board
- ☐ Television PSA's
- ☐ Community Event Appearance
- ☐ Media (Television, Radio)
- ☐ Regina Cat Rescue

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:_____

For Office Use Only

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:_____

For Office Use Only