









Low Cost Spay/Neuter Application

The Clarenville Area SPCA is offering a Low Cost Spay/Neuter Clinic for pet owners in our catchment area. This is a partnership with Dr. Martha Sweeting, Dr. Maxina Hunt Von Herbing and the Community Vet Hospital. We are so appreciative for such support from the veterinarians, clinic, staff and numerous volunteers who are donating their time and services to make this program possible.








To be eligible for this program, participants must meet the following criteria:

-  Must be 18 years or older
-  Be a resident of the catchment area serviced by the Clarenville Area SPCA
-  Be the owner of the cat or dog being spayed or neutered
-  Must meet the financial criteria
-  Must provide proof in income (Current/Previous Year Tax Assessment)
-  Must provide photo ID

Disclaimer: Many factors are taken into consideration when processing the application for eligibility and are not limited to the criteria listed above. Meeting eligibility criteria alone cannot guarantee acceptance into the program as space is limited. The Clarenville Area SPCA and Community Vet Hospital reserve the right to refuse.

Please Note: The veterinarian reserves the right to refuse surgery to any animal. Please ensure that your animal is healthy before applying for this program.

How to Apply:

-  Complete the application on back and deliver it to the Clarenville Area SPCA between the hours of 11am – 4pm any day of the week, by mail or by email. (Be sure to include required documentation)
 -  125 Huntley Drive, Clarenville, NL A5A 4L1
 -  info@clarenvilleareaspca.ca
-  Have a copy of your Tax Assessment for the current or previous year to include with application. This is the only proof of income we are accepting. No other forms are needed or accepted.
-  Have a copy of your photo ID to include with application. If your ID does not have your current address on it then please provide a copy of a utility bill as proof of address.
-  Full payment must be received at least one week prior to day of surgery. Debit, VISA, MasterCard, Cash and Cheque are all acceptable forms of payment.
-  Cats must be brought to Community Vet Hospital in a carrier and dogs must have a collar and leash.

Please Note: The information you provide is solely for the purpose of evaluating your eligibility and for no other purpose. The information will be kept confidential and identifying information will be destroyed after the application is processed.

Cost to Successful Applicant:

The insertion of a microchip is a mandatory procedure for this program to decrease the number of lost/stray pets that come to the shelter.

	Surgery Cost	Microchip Cost	Total Cost for Applicant
Cat Spay or Neuter	\$85.00	\$25.00	\$110.00
Dog Spay or Neuter	\$125.00	\$25.00	\$150.00



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Please Complete ALL the following information:

Financial Criteria:

You are eligible for assistance if you meet one of the following criteria:

☐ I have a combined family net income of \$45 000.00 or less

☐ I am single and have a net income of \$35 000.00 or less

Personal Information:

Name: _____ Email: _____

Full Address: _____

Home Phone #: _____ Cell #: _____

Cat Information:

Name: _____ Age: _____ Colour: _____ Weight: _____

☐ Male ☐ Female ☐ Short Hair ☐ Long Hair

Was your cat vaccinated for any of the following? ☐ FVRCP ☐ Rabies ☐ Feline Leukemia

Dog Information:

Name: _____ Age: _____ Colour: _____ Weight: _____

☐ Male ☐ Female Dog Breed: _____

Was your dog vaccinated for any of the following? ☐ Distemper/Parvovirus ☐ Rabies ☐ Kennel Cough

Additional Animal Information:

If female, has she had a litter? ☐ Yes ☐ No ☐ Unknown

Is your pet on any medication? ☐ Yes ☐ No

If they are on any medication, please list along with reason:



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Does your pet have any of these preexisting health conditions?

- ☐ Excessive Drinking/Urination ☐ Vomiting ☐ Diarrhea ☐ Coughing/Sneezing
☐ Scratching/Itching ☐ Rash ☐ Weight Loss ☐ Poor Appetite

How did you get your pet? ☐ Stray ☐ Breeder ☐ Online ☐ Rescue Group ☐ Other _____

Do you currently have a vet? ☐ No ☐ Yes If yes, which clinic _____

Additional Information:

I hereby certify that the information I have provided is truthful and correct to the best of my knowledge. I hereby agree to waive all claims for damages against the Clareville Area SPCA and the Community Vet Hospital, and any officers, volunteers, or agents of the program in the event of death or injury to the animal during the surgery.

Print Name: _____ Sign: _____ Date: _____

Office Use Only:

Confirmation of residency 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:
