



Spay/Neuter Program Application Process

The Nova Scotia SPCA is proud to offer the first high-volume, dedicated spay and neuter service in the province of Nova Scotia. The Society's mission and mandate is the prevention of cruelty to animals and the most humane and responsible way to avoid the cycle of abuse, neglect and cruelty is to tackle overpopulation with spay/neuter strategies.

Please read all information before completing the application

Note: The veterinarian reserves the right to refuse surgery to any animal. Please ensure your animal is healthy.

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

- Must be 18 years or older
- Be a resident of Nova Scotia
- Be the Owner of the cat or dog being spayed or neutered
- **Must provide proof of income: Acceptable forms of proof of income would be, Assistance stubs, pay stub within the past 30 days, Income Tax forms, Student loan funding form etc.**

Disclaimer: Many factors are taken into consideration when processing the application for eligibility, and are not limited to what is listed above. The Nova Scotia SPCA Provincial Animal Shelter & Veterinary Clinic reserves the right to refuse service.

How to Apply:

Complete the program application

- o By fax (902) 468-9761 (Please include your phone number on faxed document)
- o In person or by mail: 5 Scarfe Court, Dartmouth NS B3B 1W4
- o Over the phone by calling 468-7877 Option 1 from Mon to Thurs 9am to 6pm
- o Or email to: info@pas.spcans.ca

Costs: Payment plus a \$20 CASH deposit must be received the morning of surgery. The cash deposit is designed to cover any incidentals should they arise. Debit, Visa, MasterCard and Cash are all acceptable forms of payment. Cheques will not be accepted.



Spay/Neuter Program Application

PERSONAL INFORMATION (Please print legibly)

Last Name (s): _____ First Name(s): _____

Address: _____ City: _____

Postal code: _____ Home Phone: _____ Cell Phone: _____ Day Time Phone: _____

Email: _____

How did you hear about the clinic? _____

Have you applied to us before? No Yes If yes, when _____

ANIMAL INFORMATION

Name	Species	Dog - Breed/Cat - Long or Short Hair	Gender	Age	Colour
1)	<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> Female <input type="checkbox"/> Male		
Name	Species	Dog - Breed/Cat - Long or Short Hair	Gender	Age	Colour
2)	<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> Female <input type="checkbox"/> Male		

Is your pet on medication? _____ If yes please list medication and reason: _____

Does your pet have any preexisting health conditions? _____ if yes please list: _____

Is your pet showing any of these symptoms: vomiting? Rash? Diarrhea? _____

How did you get your pet? Stray Breeder Kijiji Rescue Group Other: _____

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

Is this a TNR? Yes No If yes, please note there are additional fees and outpatient instructions for TNR Services

FINANCIAL INFORMATION (Information in this section will help us evaluate your request for low-cost services)

Are you on Public Assistance? Yes No Are you on Disability or Unemployment? Yes No

List All Incomes in the Household: _____

How Many Live in this Household: Adults _____ Children _____ (Under 18 years old)

Please include Proof of income with your application: assistance stubs, pay stub(within the past 30 days), student loan funding, Income Tax assessment

This information will be kept confidential.

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 Nova Scotia SPCA Provincial Animal Shelter & Veterinary Clinic, and any officers, volunteers, or agents of the program in the event of death or injury to the animal during the surgery.

_____ Print Name _____ Signature

_____ Nova Scotia SPCA Representative _____ Date

For Office Use Only: Accepted Rejected **Date Received :** _____ **Date Processed:** _____

SD? Yes # _____ Method of Payment: Cash Debit Master Card Visa Surgery Date: _____