

High Country SPCA Spay/Neuter Clinic

August 16, 2015

Deadline for applications August 05, 2015

\$ 50 for Seniors and low income Families

Low Cost Spay/Neuter Program

The High Country SPCA offers a Low Cost Spay/Neuter Program which provides spay and neuter surgery for \$ 50 for companion cats and dogs of eligible low income Foothills residents. This Program is not available for breeders.

Eligibility

- The applicant must be at least 18 years of age and be a resident of the Foothills.
- The family household annual before tax income must be no greater than 100% of the Statistics Canada Low Income Cut-Offs (LICOs)
- "Proof of Eligibility is required"
- The pet must be a healthy cat(s) and /or dog(s)

Note:

For the health of your pet, we recommend that he/she is vaccinated by a veterinarian before or at the time of surgery.

Exclusions

- Unhealthy or contagious cats or dogs
- That includes cats and dogs that are coughing, sneezing, have watery eyes, runny noses, mange or ringworm
- Nursing cats and dogs.

What does the Low cost Spay/Neuter Program include?

- Spay or neuter for cats and dogs
- Post operative pain medication
- Post operative medication (at the discretion of the Veterinarian)
- Tattoo

Expenses not included with the surgery

- Veterinarian care unrelated to the surgery. An Elizabethan collar (at the discretion of the Veterinarian)

Please ensure to submit all your application paperwork to: Diamond Valley Veterinary/High Country SPCA, Box 425, Turner Valley, AB, T0L2A0 or drop off at the Diamond Valley Veterinary

2014 LICO numbers
Low Income Cut Off

1 person	\$24,328
2 persons	\$30,286
3 persons	\$37,234
4 persons	\$45,206
5 persons	\$51,272
6 persons	\$57,826
7 or more persons	\$64,381

SUBSIDIZED PROGRAM APPLICATION

Section 4: What income proof do you need?

Please submit a copy of **ONE** of these documents with your application. Please check which document you are submitting. A copy of the document **MUST** accompany your application.

The total household income must be less than the Low Income Cut-Off (LICO) set by Statistics Canada and is updated annually.

- Canada Revenue Agency: Notice of Assessment – you must present a current “Notice of Assessment” or “Notice of Reassessment” for each family member 18 years and over that lives with you at your residential address. Total income before tax is shown on line 150 of your “Notice of Assessment” or “Notice of Reassessment”. A tax return summary is not accepted. For more information on your Notice of Assessment you can contact Revenue Canada 1-800-959-8281
- Assured Income for Severely Handicapped benefits (AISH) - A copy of your current Health Benefits Card (that has not expired)
- Alberta Works: Income Subsidy/Support (Supports for Independence) – A copy of your current Health Benefits Card (that has not expired)
- Alberta Works (Learners) – An approval letter (on letterhead) from Alberta Works – Learners that indicates eligibility period and the current Health Benefits Card
- Alberta Works (Alberta Health Benefit) - An approval letter (on letterhead) from Alberta Works – that indicates eligibility period and the current Health Benefits Card
- Letter from a Registered Social Worker – Only when no other documents are available. A letter (on letterhead) dated within the previous 30 days from an Alberta Registered Social Worker with whom a current relationship exists. The letter should outline the length of the relationship and state the family income. Please contact program applying to for other specific information that the letter must include
- Resettlement Assistance Program form – a copy of the Start-Up & Monthly Allowance that confirms you are receiving support under the Resettlement Assistance Program
- For independent youth: a letter from school principal or guidance counselor, or letter from Child and Youth Support Program of Alberta Children's Services
- Recreation Fee Assistance Card (until Dec. 2015)

[NOTE: Spay Neuter Program only accepts applications from persons 18 years and older]

SUBSIDIZED PROGRAM APPLICATION

Section 5: Applicant information

All applicants must complete this section.

First Name	Middle Initial	Last Name	Gender M/F	Date of Birth (YYYY-MM-DD)
Address			Unit/Apt. No.	Postal Code
Are you a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Phone Number ()		Alternate Phone Number ()		
Email Address (please print clearly)				
What is the best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail				

Pet's Information

#1

1. Name:
2. Species:
3. Age:
4. Breed:
5. Color:
6. Date of last vaccination:
7. Date of last visit to a Veterinarian:
8. Does your pet have any health issues? Please give details below.
9. Is your pet micro chipped?

Pet's Information

#2

1. Name:
2. Species:
3. Age:
4. Breed:
5. Color:
6. Date of last vaccination:
7. Date of last visit to a Veterinarian:
8. Does your pet have any health issues? Please give details below.
9. Is your pet micro chipped?

Pet's Information

#3

1. Name:
2. Species:
3. Age:
4. Breed:
5. Color:
6. Date of last vaccination:
7. Date of last visit to a Veterinarian:
8. Does your pet have any health issues? Please give details below.
9. Is your pet micro chipped?