



## SHAID TREE ANIMAL SHELTER

### MYRTLE QUIGLEY SPAY/NEUTER SUBSIDY FORM

**To help with the spay or neuter of family pets with a financial need for help,**

SHAID Tree Animal Shelter is a not-for-profit organization and this program is strictly for people with cats or dogs on low or limited income needing assistance with spaying and/or neutering their pet to prevent unwanted pregnancies that contribute to the overpopulation of cats in Lunenburg County.

#### **Things you need to know...**

Cats and dogs **MUST** be owned pets. This program is **NOT** for stray, feral or barn cats. The vet reserves the right to refuse feral animals or cats that appear to be sick (runny nose/eyes)

If the cat has kittens, or dog has puppies, they can be adopted out through SHAID ONLY IF there is space at the shelter. If there isn't space available, they will be put on the waitlist and be taken in when there's an opening.

Applicants need to know how many animals are in their home when applying and must provide a brief description of each one, even if not being applied for.

**The owner must first apply for the subsidy by email or leaving a paper copy at the shelter with all the supporting financial documents. The applicant will be contacted within two weeks by SHAID with approval or denial. If approved, the applicant is required to book the appointment and take the animal to the appointment. Once the procedure is completed, the applicant must send a copy of the invoice to [info@shaidanimalshelter.com](mailto:info@shaidanimalshelter.com) to receive the rebate via Email Money Transfer. The rebate for male cats/dogs (neuter) is \$100, the rebate for female cats/dogs (spay) is \$150.**

**The program is set up to subsidize the cost of spaying or neutering ONLY – it DOES NOT subsidize the cost of bloodwork, vaccines, feline leukemia testing, distemper/rabies shots or other veterinarian fees. If you wish to have other treatments for the cat or dog, you are responsible for requesting and covering the costs of the treatments on the day of surgery.**

**By signing this document you are acknowledging you have read and understand the guidelines for this program.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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### The Animal:

What animal is the subsidy for: \_\_\_\_\_

Age and sex of the animal: \_\_\_\_\_

Is the animal up to date on vaccines: \_\_\_\_\_

Who is your current vet? \_\_\_\_\_

Number of animals located on property and a brief description:

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### Yourself:

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

List of all family members residing in your home, their age and occupation if applicable:

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\*\*\*\*\* This program is approved based on income\*\*\*\*\*

**You may include one of the following to confirm your monthly income:**

EI/CCTB/OAS/CPS/Disability statement for the past 3 months

Three months' pay stubs

Last years full T1 general or NOA as sent by CRA

Two years small business T1 generals

**APPLICATIONS SENT WITHOUT ALL INCOME CONFIRMATION FROM ALL ADULTS RESIDING IN THE HOME WILL NOT BE PROCESSED AND WILL BE CONSIDERED INCOMPLETE.**