



SPAY/NEUTER ASSISTANCE PROGRAM (SNAP) APPLICATION FORM

Pet overpopulation is a huge problem in Medicine Hat. As a responsible pet owner, it is up to you to spay & neuter your animal. WE CAN HELP! The Medicine Hat SPCA in coordination with the City of Medicine Hat is offering a Spay/Neuter Assistance Program or SNAP. This program is for those individuals facing financial difficulties.

All applications are approved based on level of financial need; therefore, it is important to provide accurate information. Financial need is determined by providing proof of combined family income.

Proof of household income may include a combination of:

<ul style="list-style-type: none"> Government Funded Benefit Program Statements (AISH, AB Works, EI, CPP/OAS, Disability/Retirement Benefits) 	<ul style="list-style-type: none"> Workplace Retirement Pension Income Statements (UNA, ATRF, LAPP, CUPE, Military)
<ul style="list-style-type: none"> Notice of Assessment (Tax return) or T4) 	<ul style="list-style-type: none"> AB Worker's Compensation Board
<ul style="list-style-type: none"> Employee Pay Statements 	<ul style="list-style-type: none"> Court Documents (Spousal/Child Support)
<ul style="list-style-type: none"> Bank Statements (Self-employed, Student loans) 	<ul style="list-style-type: none"> Other (As approved by SPCA)

In Addition, household composition or family size will be used to determine financial need. Please indicate the number of all household residents and dependents. _____ Adults _____ Children

Applicant (Pet Owner) Name _____

Phone Number _____ **Email** _____

Address _____

City _____ **Province** _____ **Postal Code** _____

PET INFORMATION

Pet Name	Cat/Dog	Breed/Color	Male/Female	Age

How did you hear about this program? _____

Where did you acquire your animal? _____

Would you like to have your animal(s) microchipped for an additional \$20/each? YES NO

The cost varies depending on species, gender, and breed. **All fees are non-refundable.**

There is a \$75.00 charge for missed appointments. Fee must be paid prior to another appointment being made.

I have read and understand the above, all information provided is true to the best of my knowledge.

Signature of Applicant _____ **Date** _____

The completed application and all supporting documents can be submitted to:

Email: medicinehatspca1@gmail.com

In Person: Monday-Friday, 12 Noon - 6:00 pm

Face masks are mandatory, All Government restrictions apply

Mail: MHSPCA

55 Southwest Drive SW

Medicine Hat, AB

T1A 8E8

- Approved applications will be held for 6 months, then destroyed.
- Incomplete applications will be destroyed after 30 days.

Any questions, please call 403-526-7722.

OFFICE USE ONLY		
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	CLINIC _____
Cost _____ + M/C _____ = \$ _____		Appointment Date _____
M/C # _____		Confirmed _____
SPCA Signature _____		Voice message _____
Paid _____ Date _____		_____

Notes: _____

