



Spay/Neuter Subsidy Program: Eligibility & Clinical Guidelines

1. Administrative Requirements

- **Location:** Residents of the **Pembina Valley Region**.
- **Household Limit:** One animal per household, per year.
- **Income Limits:**
 - **Single Income:** <\$34,000/year gross
 - **Multi-Income:** <\$68,000/year gross
 - **Note:** Must provide a **CRA Notice of Assessment (NOA)**.
- **Payment:**
 - Pet owners are required to pay the subsidised fee of \$50

2. Patient Criteria & Readiness

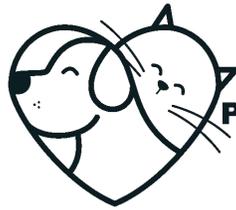
Species	Weight/Health	Recommended Age
Cats	Min. 2 lbs	4–6 months
Small/Med Dogs	Healthy/Thriving	4–6 months (< 50 lbs adult weight)
Large/Giant Dogs	Healthy/Thriving	9–18 months (To support joint development)

**Please consult the vet before applying if your pet doesn't fall within the recommended weight/age

- **Vaccinations:** Previous vaccines are **not** required for eligibility.
- **Condition:** Animals must be healthy, free of infection, and in adequate body condition.

3. The Process

- **Apply:** Spots are limited and filled in order of receipt.
- **Notification:** Status updates are provided within **48 business hours**.
- **Approval:** If qualified, you will receive an **Approval Number**.
- **Logistics:** You will be assigned the clinic nearest your home.
 - It is your responsibility to contact the clinic and schedule the appointment
 - Payment of \$50 is to be paid on the day of surgery at the scheduled Veterinary Clinic.



PEMBINA VALLEY
HUMANE SOCIETY

Contact Information

Name:	Full Address (P.O. Box/Street):	
Phone:		
Email:	City/Town/RM:	Postal Code:

Anyone outside of the Pembina Valley region will **not be approved.

Animal Information

Name:		<input type="checkbox"/> Feline	<input type="checkbox"/> K9	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Approximate Age/DOB:		<input type="checkbox"/> Small <20lbs	<input type="checkbox"/> Med 20-40lbs	<input type="checkbox"/> Lg >40lbs	
Coloring/Breed:		Length of ownership:			

Other adults (18 and over) in the household first and last name(s)	Have any other household members used this program in the past (check next to person's name, and include pet's name below with approximate date of application)	
	Pet(s) Name	Application Year
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**All adults in the household are considered to be included in the gross income amount of the family.

A copy of **each individual's most recent Income Tax Notice of Assessment must be attached to be considered.

How did you hear about the program?

PVHS USE ONLY

Date Received: _____	Staff Initials of Receipt: _____
Approved: <input type="checkbox"/> Yes - File#: _____	<input type="checkbox"/> No - Reason: _____