

## **PEMBINA VALLEY HUMANE SOCIETY**

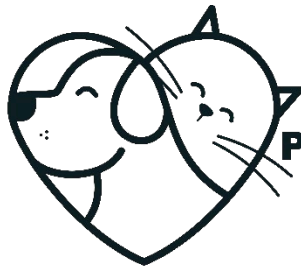
Charity# 852072370RR001  
Phone: 204.822.9413  
462 Jefferson Street, Morden, MB, R6M 0C3  
[www.pvhsociety.ca](http://www.pvhsociety.ca)

### **Important Information:**

- Families or individuals must qualify to be eligible for the Spay/Neuter Program (Spay Day)
- One animal per household per year
- Minimum age of sterilization is 4 months of age. Your pet does not need previous vaccinations to be eligible for surgery
- There are a limited number of surgery spots available. Applications will be assessed and the first families/individuals that qualify will be assigned a certificate
- It is your responsibility to arrange drop off and pick up time for your pet with the veterinary clinic

### **In order to qualify for subsidized sterilization surgery:**

1. Complete the attached application form
2. Eligibility is based on gross income of the previous tax year. Individuals with a gross income of \$33,000 or lower or households(multiple incomes) with a gross income of \$56,000 or lower will qualify.
3. Please provide a copy of the previous year's Notice of Assessment as proof of gross income. If applying as a family please provide copies of both individuals Notice of Assessments.
4. Submit this application along with the required information to the Pembina Valley Humane Society [hello@pvhsociety.ca](mailto:hello@pvhsociety.ca)
5. Only applications with all the required information will be considered for the program.



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HUMANE SOCIETY**

**Contact Information**

|              |          |
|--------------|----------|
| Name:        | Address: |
| Phone #:     |          |
| Alt Phone #: | E-mail:  |

**Animal Information**

|                 |                                 |                                 |
|-----------------|---------------------------------|---------------------------------|
| Name:           | Feline <input type="checkbox"/> | Canine <input type="checkbox"/> |
| Age:            | Male <input type="checkbox"/>   | Female <input type="checkbox"/> |
| Coloring/Breed: |                                 |                                 |

| People Living in the Home |                | Pets Living on the Property |     |                 |         |
|---------------------------|----------------|-----------------------------|-----|-----------------|---------|
| Name                      | 18 & Over<br>✓ | Feline/K9                   | Age | Male/<br>Female | Intact? |
|                           |                |                             |     |                 |         |
|                           |                |                             |     |                 |         |
|                           |                |                             |     |                 |         |
|                           |                |                             |     |                 |         |

**\*All adults on this application are considered to be included in the gross income amount of the family.**

**\*\*You must provide a copy of each individual's most recent Notice of Assessment in order to be considered\*\***

**How did you hear about this program?**

**Have you applied for this program in the past? If yes, when?**

|                        |                    |               |
|------------------------|--------------------|---------------|
| <b>OFFICE USE ONLY</b> |                    |               |
| Date Received: _____   | Approved: Yes / No | Reason: _____ |