



**Northwest
Animal Shelter**

WEBSITE: www.nwas.ca

SPAY AND NEUTER ASSISTANCE PROGRAM

Northwest Animal Shelter Society (NWS) works with local vets who have generously reduced their regular prices for those who **cannot otherwise afford** to have their pets or strays spayed or neutered. The SNAP program has been created for people with **genuine financial need**. The vets rely on us to pre-approve applicants. Their good faith in us as well as applicants' honesty is vital to this program. If you qualify, NWS will pay the veterinarian some of the cost on behalf of the pet owner.

You must supply all the information requested on this form.

Drop off your completed application to Babine Animal Hospital, Small Blessings Veterinary Services or Vet to Pet Mobile Services Ltd.

How did you hear about the Northwest Animal Shelter Society? Circle one

Newspaper Radio Poster Flyer Fundraising Event
Word-of-mouth Other: _____

Part 1 – The Animal: Please fill out for Dog or Cat

DOG NAME: _____

Breed (if known):

Sex: Male/Female/Unknown (circle one)

Age: (Years/Months)

Weight (Must provide):

If female, has she had a litter?
Yes / No / Don't know (CIRCLE ONE)

CAT NAME: _____

Breed (if known):

Sex: Male / Female / Unknown (circle one)

Age: (Years/Months)

If female, has she had a litter:
Yes / No / Don't know (CIRCLE ONE)

Note: Cats MUST be brought to Vet in a carrier.

I received this animal from: (please check one):

____ Pet shop ____ Shelter ____ Relative ____ Breeder ____ Friend ____ Found

Other (please explain): _____

Did you pay for this animal? YES | NO
If yes, how much? _____

Condition of Animal: (please check all that apply):

Appears Healthy Runny Eyes/Nose In Heat Pregnant
 Fleas/Mites Friendly Bites/Scratches Feral (wild)

**Does the animal have a wound, injury or any other health problems that you know of?
(Please Describe):**

Part 2 – Personal & Financial Information

Declare ALL income coming into your home

Your Name: _____

Phone Number: (day) _____ (evening) _____

Email: _____

Address _____ City _____

Postal code _____

Employer/Income Source: _____

Gross (pre-tax) Income _____ (per month or per year)

Spouse/Other Adult in Household:

Name: _____ Relationship: _____

Employer/Income Source: _____

Gross (pre-tax) income _____ (per month or per year)

How many children in your home: _____ List their ages: _____

In the space below, list all other animals in your home, male or female +their ages + whether or not they are fixed. Example: Bud, male dog, 10 years old, fixed

I hereby certify that this application is true and correct and that I have not omitted anything that would make my application false or misleading.

Signature: _____ Date: _____

*I/We authorize NWAS to collect, use and disclose personal information, as deemed necessary, on the applicant in connection with the approval of this application and maintenance of the spay/neuter program.
All personal information collected will be kept confidential.*

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