

KINDNESS CLUB INC.

65 Brunswick Street Suite 286

Fredericton, NB E3B 1G5

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Web site: www.kindnessclub.nb.ca

ID#: _____



Fostering Kindness, Respect and Empathy Towards All Living Creatures

APPLICATION FOR CANINE SPAY/NEUTER ASSISTANCE

**Please fill in all sections of this form and return it to the Kindness Club.
Applications will not be processed if incomplete.*

Name of applicant: _____

Address: _____

Telephone: _____

Name, age, and relationship to applicant of all others residing in same household: _____

How many animals do you currently own?:

Number of cat(s): _____

1) Male:____ Female:____ Age(s) :____ Date of last vaccination:_____ Spayed/Neutered?:____

2) Male:____ Female:____ Age(s) :____ Date of last vaccination:_____ Spayed/Neutered?:____

3) Male:____ Female:____ Age(s) :____ Date of last vaccination:_____ Spayed/Neutered?:____

Number of dog(s): _____

1) Male:____ Female:____ Age(s):____ Date of last vaccination:_____ Spayed/Neutered?:____

2) Male:____ Female:____ Age(s) :____ Date of last vaccination:_____ Spayed/Neutered?:____

3) Male:____ Female:____ Age(s) :____ Date of last vaccination:_____ Spayed/Neutered?:____

Other animals (please list all pertinent details):

Please explain where you acquired each pet listed above? _____

Name of dog in need of spay/neuter: _____ **Male/Female:** _____ **Weight:** _____

Breed: _____ **Age:** _____ **Colour:** _____

If dog is a female, is she in heat? _____ **Is she currently pregnant?** _____

Are you employed? _____ Name of Employer: _____

If you are not employed, what is your main source of income? _____

Total Family Income:

*You **must** provide proof of your **total** family income status by including a copy of your Notice of Assessment from your most recent Income Tax statement. This information is essential to qualify for the Spay/Neuter Assistance Program and will be kept confidential. The tax record will be destroyed after the application has been processed and the spay/neuter completed. Please note, you may black out your Social Insurance Number on the Notice of Assessment as this information is not required.*

____ \$15,000 or less

____ \$35,000 - \$45,000

____ \$15,000 - \$25,000

____ Over \$45,000

____ \$25,000 - \$35,000

Please provide one reference:

Name: _____

Address: _____ Telephone: _____

How do you know this person? _____

Please explain the reason for applying for Spay/Neuter Assistance: _____

The purpose of the Kindness Club’s Spay/Neuter Assistance program is to subsidize the costs associated with examining, vaccinating and performing the spay/neuter surgery. If your application is accepted, you are responsible for paying \$100 (male) or \$150 (female) to the Kindness Club, before the scheduled veterinary appointment.

Please initial here to indicate that you agree to pay this portion of the spay/neuter: _____

Do you currently have a vet? _____

Please provide the name and address of your vet: _____

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

Dated this _____ day of _____ (month and year).

Signature: _____

**Please return completed application, along will all supporting documents to:
Kindness Club Inc.
65 Brunswick Street Suite 286
Fredericton NB E3B 1G5**

You will be notified when your application has been processed.