

CENTRAL ALBERTA HUMANE SOCIETY

4505 – 77 Street, Red Deer, Alberta. T4P 2J1
Phone: (403) 342-7722 Fax: (403) 341-3147
Email: pals@cahumane.com

PALS Financial Assistance Application

The PALS (Prevent Another Litter Subsidy) Programs is designed to Assist qualifying individuals with the cost of spaying or neutering their animal(s) and to reduce the population of companion animals in our region.

- Vaccinations (if needed) and a microchip will be administered at the time of surgery.
- Any animal over 5 years of age will be accepted on a case by case basis.
- Any animal must be over 10 weeks of age and weigh a minimum of 1kg.
- Maximum of 6 animals per household are eligible for surgery through the PALS program.
- Applicants are responsible for arranging transport of their pet(s) to and from the Central Alberta Humane Society.
- All animals must be picked up and dropped off between the designated times otherwise clients may be subject to a penalty and will not qualify for further appointments through the PALS program.

To qualify applicants must provide:

- PALS Application
- Proof of household income **must** be provided, please attach a copy to your application or you cannot be considered.
- \$60.00 per dog / \$30.00 per cat administration fee (fee covers the costs of medical record keeping, humane education and scheduling)
- Applications must be approved and the fee paid **before** appointments will be scheduled.

We will contact you when we have processed your application. Please allow a minimum 10 business days following receipt of your application. Completion of the application does not constitute approval to the program.

Approval for assistance is based on a set criteria. Applicants must meet at least one of the following eligibility requirements to qualify. Please check all that apply:

- Assured Income for Severely Handicapped (AISH) Recipients
- Receiving Social Assistance
- Individuals/Families whose combined income is below Federal Low Income Cut off before (LICO) before taxes:

2018

- | | | |
|--|---|--|
| <input type="checkbox"/> \$24,949 for 1 person | <input type="checkbox"/> \$46,362 for four people | <input type="checkbox"/> \$59,304 for six people |
| <input type="checkbox"/> \$31,061 for two people | <input type="checkbox"/> \$52,583 for five people | <input type="checkbox"/> \$66,027 for seven people |
| <input type="checkbox"/> \$38,185 for three people | | |

** LICO SCALE IS SUBJECT TO CHANGE – SEE FEDERAL INCOME SCALE FOR MORE INFO.

Owner Information

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

How did you hear about the PALS Program? _____

<p>Pet #1:</p> <p>Pet's Name: _____</p> <p>Please check one: Cat <input type="checkbox"/> Dog <input type="checkbox"/></p> <p>Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Pet's age: _____ Years(s) _____ Month(s)</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Are your pet's vaccines up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has your pet been to a veterinarian before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>In the past month has your pet has any signs of:</p> <p>Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/></p> <p>If the patient is female, has she ever had puppies/kittens?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> When was her last heat cycle? _____</p>	<p>Pet #2:</p> <p>Pet's Name: _____</p> <p>Please check one: Cat <input type="checkbox"/> Dog <input type="checkbox"/></p> <p>Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Pet's age: _____ Years(s) _____ Month(s)</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Are your pet's vaccines up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has your pet been to a veterinarian before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>In the past month has your pet has any signs of:</p> <p>Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/></p> <p>If the patient is female, has she ever had puppies/kittens?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> When was her last heat cycle? _____</p>
<p>Pet #3:</p> <p>Pet's Name: _____</p> <p>Please check one: Cat <input type="checkbox"/> Dog <input type="checkbox"/></p> <p>Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Pet's age: _____ Years(s) _____ Month(s)</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Are your pet's vaccines up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has your pet been to a veterinarian before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>In the past month has your pet has any signs of:</p> <p>Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/></p> <p>If the patient is female, has she ever had puppies/kittens?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> When was her last heat cycle? _____</p>	<p>Pet #4:</p> <p>Pet's Name: _____</p> <p>Please check one: Cat <input type="checkbox"/> Dog <input type="checkbox"/></p> <p>Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Pet's age: _____ Years(s) _____ Month(s)</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Are your pet's vaccines up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has your pet been to a veterinarian before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>In the past month has your pet has any signs of:</p> <p>Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/></p> <p>If the patient is female, has she ever had puppies/kittens?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> When was her last heat cycle? _____</p>

I certify that the above named animals are owned by me personally, and all of the above information is correct. I understand that an application fee of \$30.00-\$60.00 per animal is due with my application. Should my application be rejected by CA Humane my fee will be returned to me. If I do not make my scheduled appointment my fee will not be refunded.

I understand that by submitting an application into this program my personal information will be shared with the microchip company and the CA Humane.

I further confirm that I am prepared to care for my pet during the post-operative period and am responsible for ensuring that my animal is picked up. If I do not collect my pet by the scheduled pick up time, or other arrangement with CA HUMANE, then this animal shall be considered abandoned and will be surrendered to CA HUMANE.

Signature of Applicant

Date

OFFICE USE ONLY	
Date : _____	Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Payment Received on: _____
Person ID #: _____	Appointment Date : _____
ASIH <input type="checkbox"/>	Surgery Consent Form <input type="checkbox"/>
Social Assistance <input type="checkbox"/>	
Low Income Cut off <input type="checkbox"/>	
Special Circumstances <input type="checkbox"/>	
Notes: _____	
Animal ID #1 _____	Animal ID #2: _____
Animal ID #3: _____	Animal ID #4: _____