

CENTRAL ALBERTA HUMANE SOCIETY

4505 – 77 Street, Red Deer, Alberta. T4P 2J1
Phone: (403) 342-7722 Fax: (403) 341-3147
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PALS Program Application Form

The PALS (Prevent Another Litter Subsidy) Program 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. This program is administered by the Central Alberta Humane Society (CA Humane).

- Vaccinations (if needed) and a microchip will be administered at the time of surgery. These services are not optional.
- 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.
- There is a maximum weight limit of 30 kg for large breed dogs.
- A maximum of 6 animals per household per year is eligible for surgery through the PALS program.
- Applicants are responsible for arranging the 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:

- Completed PALS Application
- Proof of household income. Please attach a copy of one (or more) of the following to your application: your notice of assessment, tax summary, AISH, or Social Assistance slips. If proof of income is not provided you will not be considered.
- A \$60.00 per dog / \$30.00 per cat administration fee.
- 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 of 10 business days following receipt of your application for confirmation and appointment booking. Completion of the application does not constitute approval to the program.

Approval for assistance is based on a set of 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:

2021

- | | | |
|----------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> \$26,426 for 1 person | <input type="checkbox"/> \$49,106 for four people | <input type="checkbox"/> \$62,814 for six people |
| <input type="checkbox"/> \$32,898 for two people | <input type="checkbox"/> \$55,694 for five people | <input type="checkbox"/> \$69,934 for seven people |
| <input type="checkbox"/> \$49,106 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? _____

I certify that the above named animals are owned by me personally, and all of the above information is correct and up to date. 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. Rescheduling may be considered on a case by case basis.

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

I further confirm that I am prepared to care for my animal(s) during the post-operative period, and am responsible for ensuring that my animal is/are picked up. If I do not collect my animal(s) by the designated pick-up time, or make other written arrangements with CA Humane prior to or at the time of drop off, then my animal(s) will be considered abandoned and will become the property of CA Humane.

Signature of Applicant

Date

OFFICE USE ONLY	
Person ID # _____	Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment Received on : _____	Appointment Date : _____
Notes: _____	
Animal ID #1 _____	Animal ID #2: _____
Animal ID #3: _____	Animal ID #4: _____
Animal ID #5 _____	Animal ID #6: _____

Animal #1:
 Name: _____
 Please Check one: Cat Dog
 Please check one: Male Female
 Age: _____ Years(s) _____ Month(s) _____
 Breed: _____
 Color: _____ Weight: _____
 Currently, microchipped? Yes No
 Are vaccines up-to-date? Yes No
 Has this animal ever been to the Vet? Yes No
 In the past month, has there been any signs of:
 Sneezing Coughing Vomiting Diarrhea
 If the patient is female, has she ever had puppies/kittens?
 Yes No When was her last heat cycle? _____

Animal #2:
 Name: _____
 Please Check one: Cat Dog
 Please check one: Male Female
 Age: _____ Years(s) _____ Month(s) _____
 Breed: _____
 Color: _____ Weight: _____
 Currently, microchipped? Yes No
 Are vaccines up-to-date? Yes No
 Has this animal ever been to the Vet? Yes No
 In the past month, has there been any signs of:
 Sneezing Coughing Vomiting Diarrhea
 If the patient is female, has she ever had puppies/kittens?
 Yes No When was her last heat cycle? _____

Animal #3:
 Name: _____
 Please Check one: Cat Dog
 Please check one: Male Female
 Age: _____ Years(s) _____ Month(s) _____
 Breed: _____
 Color: _____ Weight: _____
 Currently, microchipped? Yes No
 Are vaccines up-to-date? Yes No
 Has this animal ever been to the Vet? Yes No
 In the past month, has there been any signs of:
 Sneezing Coughing Vomiting Diarrhea
 If the patient is female, has she ever had puppies/kittens?
 Yes No When was her last heat cycle? _____

Animal #4:
 Name: _____
 Please Check one: Cat Dog
 Please check one: Male Female
 Age: _____ Years(s) _____ Month(s) _____
 Breed: _____
 Color: _____ Weight: _____
 Currently, microchipped? Yes No
 Are vaccines up-to-date? Yes No
 Has this animal ever been to the Vet? Yes No
 In the past month, has there been any signs of:
 Sneezing Coughing Vomiting Diarrhea
 If the patient is female, has she ever had puppies/kittens?
 Yes No When was her last heat cycle? _____

Animal #5:
 Name: _____
 Please Check one: Cat Dog
 Please check one: Male Female
 Age: _____ Years(s) _____ Month(s) _____
 Breed: _____
 Color: _____ Weight: _____
 Currently, microchipped? Yes No
 Are vaccines up-to-date? Yes No
 Has this animal ever been to the Vet? Yes No
 In the past month, has there been any signs of:
 Sneezing Coughing Vomiting Diarrhea
 If the patient is female, has she ever had puppies/kittens?
 Yes No When was her last heat cycle? _____

Animal #6:
 Name: _____
 Please Check one: Cat Dog
 Please check one: Male Female
 Age: _____ Years(s) _____ Month(s) _____
 Breed: _____
 Color: _____ Weight: _____
 Currently, microchipped? Yes No
 Are vaccines up-to-date? Yes No
 Has this animal ever been to the Vet? Yes No
 In the past month, has there been any signs of:
 Sneezing Coughing Vomiting Diarrhea
 If the patient is female, has she ever had puppies/kittens?
 Yes No When was her last heat cycle? _____

Owner Name: _____ **ID#** _____

