

PALS Application Form

The PALS (Prevent Another Litter Subsidy) Program supports eligible low income individuals with spay and neuter costs to help prevent unwanted litters and reduce pet abandonment, homelessness, and surrender in our region.

Program Terms & Conditions:

- The PALS program is **limited** to cats and dogs, with brachycephalic dog breeds accepted on a case by case basis pending approval.
- Applicants are responsible for arranging the transport of their pet(s) to and from CA Humane.
- Animals must be dropped off and picked up at the designated times at CA Humane: 4505-77 St, Red Deer, AB. Failing to adhere to these times may result in an additional fee penalty at time of pickup and/or ineligibility for further assistance with our program.
- If you need to reschedule your appointment, you must give 48 hours notice. Our program is in high demand, and this will allow someone else to fill your application time. Failure to provide notice, or more than two cancellations/reschedules will result in ineligibility for the program.
- Vaccinations (Cats – FVRCP and Rabies. Dogs – DHPP and Rabies) and a microchip will be administered at the time of surgery. These are for your pet's health and are NOT optional.
- All animals must be over 10 weeks of age and weigh a minimum of 1kg/2.2 lbs.
- The maximum weight limit for dogs is 45kg/100 lbs.
- Animals between the ages of 5-7 will be accepted on a case by case basis. The maximum age eligibility for our program is 7 years.
- A maximum of 4 animals per household are eligible.

Program Administration Fees:

Animal Type	Weight	Cost
Cat	Over 1 kg (2.2lbs)	\$ 70.00
Dog (<i>small to medium</i>)	1 kg (2.2lbs) to 29kg (64lbs)	\$100.00
Dog (<i>medium to large</i>)	30kg (65lbs) to 45kg (100lbs)	\$125.00

Additional vaccines are optional and are available at cost (check if you want this added to your pet's procedure):

- ☐ Cats = FeLV (feline leukemia) vaccination for \$30 per animal
- ☐ Dogs = Bordetella (kennel cough) vaccination for \$30 per animal.

Application Requirements:

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

- ☐ Assured Income for Severely Handicapped (AISH) Recipients
- ☐ Receiving Social Assistance
- ☐ Individuals/Families whose combined income is below Canada's low income cut off (LICO) before taxes. Please check the level that applies to your household below:

<input type="checkbox"/> \$29,380 for 1 person	<input type="checkbox"/> \$54,594 for 4 people	<input type="checkbox"/> \$69,835 for 6 people
<input type="checkbox"/> \$36,576 for 2 people	<input type="checkbox"/> \$61,920 for 5 people	<input type="checkbox"/> \$77,751 for 7 people
<input type="checkbox"/> \$44,966 for 3 people		

*The LICO Table is set by the Government of Canada and is subject to change yearly. For more information, visit: [Canada LICO Table](#)

All Submissions Must Include:

- **Completed** PALS Application.
- Proof of household income - if proof of income is not provided you will **not** be considered. Please attach a copy of at least 2 of the following documents to your application:
 - ☐ Tax notice of assessment for applicable year
 - ☐ Tax summary for applicable year
 - ☐ AISH card
 - ☐ Social Assistance slips.

Application Process:

- ✓ Applications must be approved, and the fee paid in full **before** appointments will be scheduled (refer to Fees section above – **full payment NEEDS to be made within 30 days of your application getting approved**).
- ✓ 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.**
- ✓ All appointments must be adhered to, if you need to cancel your scheduled appointment, we require 48 hours notice. Appointment no-shows can result in disqualification from the program going forward and are not eligible for a refund.
- ✓ Applicants are allowed up to 2 rescheduled appointments. If you cannot make your 3rd appointment, you will be disqualified from the program to allow other program applicants access and will not be eligible for a refund.
- ✓ Please be advised that the PALS program is in high demand. Following payment, appointments are typically scheduled within 3 to 6 months.

Agreement:

I understand and agree to the terms and conditions as listed on this PALS Program Application Document. I understand that by applying into this program my personal information will be shared with and stored by the microchip company and CA Humane.

I certify that the animals named on my application are owned by me personally, and the information I have provided is correct and up to date, and the application fee(s) for all requested animals are due at time of application. Should my application be rejected by CA Humane, my fee will be returned to me.

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(s) are picked up when scheduled. 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.

Applicant Signature

Date

OFFICE USE ONLY

Applicant ID # _____

Approved: ☐ Yes ☐ No

Payment Received: _____

Amount: _____

How Paid: _____

Documentation Received: ☐ Yes ☐ No

Type: _____

Notes: _____

Animal ID's: #1: _____ #2: _____ #3: _____ #4: _____

Owner Information:

Full Name: _____ Email: _____

Address: _____

City/Town: _____, AB Postal Code: _____

Cell Phone: _____ Work Phone: _____

How did you hear about the PALS Program? _____

Animal Details:

Animal 1:	
Name: _____	
Animal Type:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Age:	____ Years(s) ____ Month(s)
Breed: _____	
Color(s): _____	
Weight: _____ kg / lbs (please circle if kg or lbs)	
Currently Microchipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vaccines up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this animal ever seen a Vet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past month, has there been any signs of the following (check all that apply):	
<input type="checkbox"/> Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	
Females Only:	
Has she ever had a litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was her last heat cycle? _____	

Animal 2:	
Name: _____	
Animal Type:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Age:	____ Years(s) ____ Month(s)
Breed: _____	
Color(s): _____	
Weight: _____ kg / lbs (please circle if kg or lbs)	
Currently Microchipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vaccines up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this animal ever seen a Vet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past month, has there been any signs of the following (check all that apply):	
<input type="checkbox"/> Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	
Females Only:	
Has she ever had a litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was her last heat cycle? _____	

Animal 3:	
Name: _____	
Animal Type:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Age:	____ Years(s) ____ Month(s)
Breed: _____	
Color(s): _____	
Weight: _____ kg / lbs (please circle if kg or lbs)	
Currently Microchipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vaccines up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this animal ever seen a Vet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past month, has there been any signs of the following (check all that apply):	
<input type="checkbox"/> Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	
Females Only:	
Has she ever had a litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was her last heat cycle? _____	

Animal 4:	
Name: _____	
Animal Type:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Age:	____ Years(s) ____ Month(s)
Breed: _____	
Color(s): _____	
Weight: _____ kg / lbs (please circle if kg or lbs)	
Currently Microchipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vaccines up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this animal ever seen a Vet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past month, has there been any signs of the following (check all that apply):	
<input type="checkbox"/> Sneezing <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	
Females Only:	
Has she ever had a litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was her last heat cycle? _____	