

PALS (PREVENT ANOTHER LITTER SUBSIDY) APPLICATION

The PALS Program assists eligible low-income individuals with the cost of spay and neuter surgeries to help prevent unwanted litters and reduce pet abandonment and surrender in Central Alberta.

TERMS & CONDITIONS:

- This program applies only to cats and dogs. Brachycephalic dog breeds may be considered on a case by case basis.
- Owners are responsible for transporting their pets to and from the Central Alberta Humane Society (4505-77 St, Red Deer, AB).
- Drop off and pick up times must be followed. Failure to do so may result in additional fees or program ineligibility.
- Rescheduling requires 48 hours notice. More than two cancellations or failure to provide notice will result in disqualification from the program.
- Vaccinations (Cats: FVRCP & Rabies; Dogs: DHPP & Rabies) and microchipping are mandatory and will be completed at the time of surgery.
- Eligible animals must be over 10 weeks old, weigh at least 1 kg (2.2 lbs), and no more than 45 kg (100 lbs).
- Animals aged 5–7 years may be considered on a case-by-case basis; the maximum eligible age is 7 years.
- A maximum of four (4) animals per household may qualify.
- **All acceptance letters will be sent via email (check your junk folder).**

PROGRAM ADMINISTRATION FEES:

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

Additional vaccines are optional and available at an added cost (**check** to include with 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. **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:
 - ☐ \$29,380 for 1 person
 - ☐ \$36,576 for 2 people
 - ☐ \$44,966 for 3 people
 - ☐ \$54,594 for 4 people
 - ☐ \$61,920 for 5 people
 - ☐ \$69,835 for 6 people
 - ☐ \$77,751 for 7 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 & APPOINTMENT POLICY:

- ✓ Applications must be approved and paid in **FULL** before appointments will be scheduled (see "fees" section above). Full payment must be received within 30 days of application approval.
- ✓ Applicants will be contacted by **EMAIL** once their application has been processed (**check your junk folder**). Please allow a minimum of 10 business days for review and confirmation. Submission of application does not guarantee approval.
- ✓ Appointments must be kept as scheduled. A minimum of **48 hours notice** is required for cancellations. **No shows will result in disqualification from the program and no refunds will be issued.**
- ✓ Applicants may reschedule up to two times. Failure to attend a third scheduled appointment will result in disqualification and forfeiture of payment to allow others to access the program.
- ✓ **Please note, due to high demand, appointments are typical scheduled within 3-6 months following payment.**

APPLICANT ACKNOWLEDGEMENT & AGREEMENT:

I acknowledge that I have read, understand, and agree to the terms and conditions outlined in this PALS Program Application. I understand that by applying to this program, my personal information will be shared with and securely stored by both the microchip company and the Central Alberta Humane Society.

I certify that the animal(s) listed in my application are personally owned by me, and that all information provided is accurate and up to date. I understand that application fees are due at the time of approval. I understand that if I no show, or reschedule my appointment more than two times, my application will be disqualified, and I will not receive a refund.

I further agree to provide appropriate post operative care for my animal(s) and to collect them at the designated pick up time. Failure to do so, or failure to make prior written arrangements with CA Humane, will result in my animal(s) being considered abandoned and becoming the property of the Central Alberta Humane Society.

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 (PLEASE READ & FILL OUT ALL FIELDS):

Full Name: _____ Date: _____
Email: _____
Address: _____
City/Town: _____, AB Postal Code: _____
Phone Number: _____
How did you hear about the PALS Program? _____

Animal 1:	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? _____	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? _____
<b style="text-align: center;">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? _____	<b style="text-align: center;">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? _____