



P.O. Box 343, 26 King Street, DRYDEN, Ontario P8N 2Z1
807.223.3335 SecondChancePetNetwork@drytel.net

Application for Canine/Feline Spay/Neuter Assistance

*Please complete all sections of this form and return it to Second Chance Pet Network. Applications will not be processed if incomplete.

Section 1

Name of applicant (please print): _____

Address _____ Phone _____ (home) _____ (work)

E-mail _____

Name, age and relationship to applicant of all others residing in same household: (if you need more space, please use the back of this form)

1. _____

2. _____

3. _____

4. _____

5. _____

Section 2

How many animals do you currently own? _____

Number of cats: _____

1. Male Female Age _____ Date of last vaccinations: _____ Spayed/Neutered? yes no

Brief description of cat #1 and how it was acquired: _____

2. Male Female Age _____ Date of last vaccinations: _____ Spayed/Neutered? yes no

Brief description of cat #1 and how it was acquired: _____

3. Male Female Age _____ Date of last vaccinations: _____ Spayed/Neutered? yes no

Brief description of cat #1 and how it was acquired: _____

Number of dogs: _____

1. Male Female Age _____ Date of last vaccinations: _____ Spayed/Neutered? yes no

Brief description of dog #1 and how it was acquired: _____

2. Male Female Age _____ Date of last vaccinations: _____ Spayed/Neutered? yes no

Brief description of dog #1 and how it was acquired: _____

3. Male Female Age _____ Date of last vaccinations: _____ Spayed/Neutered? yes no

Brief description of dog #1 and how it was acquired: _____

Please list all other animals in your household and how they were acquired: _____

Section 3

Animal to be spayed/neutered: Male Female / Dog Cat

Name of animal: _____

Weight: _____ (lbs) Breed: _____

Age: _____ Colour: _____

If your dog or cat is a female, is she in heat? yes no

Is she currently pregnant? yes no



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Section 4

Are you employed? yes no 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 complete. All information provided is considered personal and confidential and will not be shared. Please black out your Social Insurance Number on the Notice of Assessment as this information is not required:

\$15,000 or less \$15,000 - \$25,000 \$25,000 - \$35,000 \$35,000 - \$45,000 over \$45,000

Please provide one reference that can be contacted (please print this information):

Name: _____ Address: _____

Telephone: _____ How do you know this person? _____

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

Section 5

The purpose of the Second Chance Pet Network Spay/Neuter Assistance program is to subsidize the costs associated with examining and performing the spay/neuter surgery. If your application is accepted, you are responsible for pre-paying a non-refundable \$65.00 fee to Second Chance, before the scheduled veterinary appointment. The client is responsible for delivering their pet to the veterinary clinic prior to surgery and collecting the animal after surgery is complete. If for some reason you cannot make your appointment and you do not cancel 24 hours prior you will not be refunded your pre-payment.

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

Do you currently have a vet? yes no

Please provide your vet's name and clinic name: _____

Section 6

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

Signature: _____ Date: _____

Please return your completed application, along with supporting documents to:
Second Chance Pet Network • P.O. Box 343, 26 King St, Dryden, ON P8N 2Z1

You will be notified once your application has been processed.

For Office Use Only: Application approved: yes no

Signature SCPN official: _____ Date: _____

Signature Food Bank official: _____ Date: _____