

**Cape Breton SPCA  
&  
Cape Breton Regional Municipality  
Spay/neuter assistance program for CATS**

NAME ..... ADDRESS .....

CITY.....POSTAL CODE .....PHONE .....

PETS NAME .....AGE .....SEX..... MALE.....FEMALE

MARRIED .....SINGLE ..... COMMON-LAW ..... OTHER..... PLEASE SPECIFY

In order to qualify you must show proof of financial need. Please attach proof of eligibility. You **MUST** provide the following and attach to application.

1. Proff of identification (that includes proof that you currently live in the CBRM)
2. Proof of income (**the most recent copy of your tax return, if married or equivalent, both copies are required**)
3. Proof of vaccinations if any

You are eligible for the assistance, if one of the following sentences describes you:

I had a combined family net income of \$25,000

I am single parent with a net income of \$25,000 or less

I am single and had a net income of \$15,000 or less

I am a senior who receives the guaranteed income supplement or allowance

I am receiving income assistance from the department of community services

**I understand that I will be denied services if I do not qualify financially or do not provide documentation verifying income and or/ if you call SPCA staff or harass them regarding your application. A committee has been assigned to assess the application and you will be contacted if chosen for this program. We will be doing a selected number of cats per month. A fee will also be charged if you are selected it will range from \$10.00-\$50.00 depending on income. You are only eligible for one cat per household. Meeting the minimal financial eligibility does not ensure acceptance into the program.**

I certify that the above information is true to the best of my knowledge.

Signed..... Date .....

Return form and supporting documents to the Cape Breton SPCA 401 East  
Broadway, P.O. Box 762, Sydney, NS B1P 6J1