

Spay/Neuter Program Application Form

APPLICANT INFORMATION

Name: _____

Address: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: (mandatory) _____

DOG INFORMATION

Name: _____ Age: _____

Breed: _____ Gender: _____

Weight:	0 – 9 KG <small>(up to 20 lbs)</small>	9 – 18 KG <small>(20 – 40 lbs)</small>	18 – 32 KG <small>(40 – 70 lbs)</small>	32+ KG <small>(70 lbs or over)</small>
<small>(Select appropriate weight range)</small>				

City of Red Deer Dog Licence Account Number: _____

Tag #: _____ Purchase/Renewal Date: _____

PROGRAM REQUIREMENTS

1. You must have a City of Red Deer dog licence registered for the current year.
2. You must reside within City of Red Deer limits
3. You will be required to submit proof of income to qualify for this program, as it is designed to help lower income dog owners in The City of Red Deer.

ACKNOWLEDGEMENT

- I certify that the information provided is correct and accurate, to the best of my knowledge.
- I understand that a certain dollar amount is allotted to the cost of the spay/neuter procedure, and that I am responsible for any further fees that may result from any complications during, or because of, the spay/neuter procedure, or additional veterinary expenses I may incur.

Signature of this document indicates your acknowledgement of the above.

Date of Application

Applicant Signature

**Please submit your completed application form via mail to
complaints@albertaanimalservices.ca**

You will be notified by email of the outcome of your application for the Spay/Neuter Program.

Questions?

Contact Alberta Animal Services:
(P) 403-347-2388 (E) complaints@albertaanimalservices.ca