



SPAY / NEUTER ASSISTANCE PROGRAM (SNAP) YELLOWKNIFE

The NWT SPCA is pleased to offer residents of Yellowknife a program to assist with the high cost of spay and neuters for pets. The SNAP program is intended for families that require financial help. The price for this program is **\$250 per pet**. This fee includes examination, surgery, vaccines, microchips, nail trim and deworming. This program will be held during our **In-Shelter Clinics** which will be offered several times a year. Please apply to get your pet or pets on the list for upcoming clinics. Send the application to medical@nwtspca.com. Any questions you have can also be directed to the medical email address. *Please read the application carefully so you understand the requirements.*

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City Postal Code

Phone: _____ Email _____

Any person who has been a resident of Yellowknife for the last year and whose total income falls under the Statistics Canada Low-Income Cut-Offs (LICO) may apply for SNAP. Below is a chart that outlines LICO's maximum acceptable income levels per household based on the number of people in the immediate family. Numbers are before taxes. Please provide a *Notice of Assessment* as proof of Income for the family found on line 15000 (before tax). To obtain this please go to <https://www.canada.ca/en/revenue-agency.html>. Request Option C Form or Verified Copy of your most recent Income Tax Return.

Size of family	1	2	3	4	5	6	7
Total household income	20,225	25,178	30,953	37,582	42,624	48,074	53,523

Pet Information

Dog Name _____

Cat Name _____

Breed (If known) and color _____

Breed (If known) and color _____

Male or Female (Circle One) Age _____

Male or Female (Circle One) Age _____

If female, has she had a litter? _____

If Female, has she had a litter? _____

If So, When? _____

If so When _____

Has your pet seen a vet before? If so, what clinic? _____ Do you have records? _____



I certify that this information is true and correct and that I have not omitted anything that would make my application false or misleading.

Signature _____ Date _____

I / We authorize NWT SPCA to collect, use, and disclose personal information, as deemed necessary, on the applicant in connection with the approval of this application and maintenance of the spay/ neuter program. All information pertaining to assessment/proof of income will not be retained after the process.

Payment Information

OFFICE USE ONLY

APPROVED _____ NOT APPROVED _____ Dr. _____ Appointment Date _____

Payment Type: EMT _____ CREDIT CARD # _____ EXP _____ CVC _____

CASH _____

SPCA Signature _____

Paid _____ Date _____

NOTES: _____