



OKANAGAN HUMANE SOCIETY

14651 Oyama Road, Oyama, B.C. V4V 2C7

Phone: (250) 548-9293

SPAY / NEUTER PROGRAM APPLICATION FOR ASSISTANCE

This program is financed by local donations. Please make an honest assessment of your financial situation when applying for assistance as funds are severely limited. We can only help those who would otherwise be unable to afford the cost of this surgery. Repayment is not mandatory but appreciated if your financial situation changes.

Only 1 form necessary per family, even with several pets.

***NOTE: You must complete the form and leave a phone number and street address where we can contact you.
Please press hard - you are making multiple copies.***

NAME: _____ PHONE #: _____

STREET ADDRESS: _____ CITY: _____ POSTAL CODE: _____

NO.OF DEPENDANTS: _____ EMPLOYER: _____

CAT M / F **DOG** M / F (please circle)

Description of Pet Needing Assistance: _____

Reason for Requesting Assistance: _____

Have you been helped by us before?: _____ Your own pet? _____ Or for Adoption? _____

Client's Contribution to Cost of Surgery: _____

Please telephone your Veterinarian and ask about cost of surgery before mailing forms.

WE NEED VOLUNTEERS. INTERESTED? _____

Veterinary Clinic: _____ Phone No.: _____

SIGNATURE OF APPLICANT: _____

DATE _____ (Valid for 6 months)

All copies of this form must be returned to Okanagan Humane Society WITH PROOF OF INCOME at the address above before your request for assistance can be considered. This application is not valid without an authorized signature from Okanagan Humane Society.

Office Use Only

Signature of Veterinarian _____ Date of Surgery _____

Okanagan Humane Society Authorized Signatory _____ O.H.S.# _____

Comments _____