## COWICHAN CAT RESCUE LOW COST SPAY/NEUTER PROGRAM APPLICATION

INSTRUCTIONS: Complete Parts 1 and 2 of this form. Attach your proof of income documents. Attach your user fee of \$15.00 per cat.

**PART ONE: YOUR CAT** 

Please complete and sign one SIGN IN SHEET for each cat or kitten and attach it to this form.

## PART TWO: PERSONAL & FINANCIAL INFORMATION

Name:	Phone:	_ (day)	
Address:	Phone:	_ (evening)	
City/Prov:	Postal Code		
Economic family: All persons living in the same household: Total Number			
Number of Adults, 19 & over:	_		
Number of children, under 19	_		
Total <b>before tax</b> income of household, all me	mbers:		
(Including child support, non-taxable benefits, veteran's benefits, etc.)			
Can you pay the user fee of \$15.00 per cat? Y	'es No		
If "Yes" skip the next section. If no, please co	mplete the following secti	on.	

PART THREE: WAIVER OF USER FEE

How much can you afford to pay?	
Please check all that apply:	
Own home Rent Single incor	me Double income
Describe your situation:	
PROOF OF ELI	GIBILITY
Please check which income document( current.	s) you are providing. Must be
Pay stub showing year to date for	r each working member
E.I. Benefits statement	
Proof of receipt of welfare, GAIN,	, or other income supplement
Revenue Canada Notice of Assess	sment for each adult
child/spousal support order	
SIGNATU	JRE
The information I have provided is true omitted any information that would m misleading.	
Applicant or guardian signature	Date signed
Do you have a carrier for each cat? yes no	
Do you have transportation to and from the clinic?	yes no

Before submitting this application please remember to;
complete all sections of the form
enclose one sign in sheet for each cat or kitten
include your proof of income
attach your user fee of \$15.00 per cat or kitten, CASH ONLY, please
OFFICE USE ONLY:
Approved_Y_N Contacted_Y_N Clinic date
Assistance required _Y _N
NOTES: