



## Spay/Neuter Assistance Program

Please return to: Town of Parry Sound  
By-law Department  
Spay/Neuter Assistance Program  
52 Seguin Street, Parry Sound, ON, P2A 1B4

Date of Application:

Owner's Name:

Address:

Town:

Postal Code:

Telephone:

Daytime # to contact:

# of Members in Household:

Employer's Name:

Total Yearly Family Income: \$

Are you receiving social assistance?                      Yes                      No

## Pet Information

Cat                                      Dog

Name:                                      Breed of Dog:

Age:                                      Sex:      Male                      Female

If pet is female has she had a litter?                      If yes, how many:

Most recent date of litter:

If pet is a dog, state weight in pounds:

## Required before application can be approved

### Proof of Vaccinations must be attached

Veterinary Hospital I would prefer to use:

Veterinarian's estimate cost of surgery: \$

(Surgery, Anesthesia and Hospitalization only; any other costs are your responsibility)

Do you have other pets in the household?

Are they spayed/neutered?

Have you ever gone through the program before?      Yes                      No

If yes, date:

(Limit of one surgery per year per household)

1. The above described pet lives at my home address. I agree that a representative from the Town of Parry Sound may contact me and schedule a time to come to my home and verify this pet.
2. I declare that the above information is true and correct to the best of my knowledge.
3. I hereby consent to the pre-surgical rabies immunization, if required, and spay/neutering of the pet described above.
4. Animals that are spayed or neutered and vaccinated as a result of this program are the responsibility of the animal owners. I hereby agree that the Town of Parry Sound have no responsibility or liability for any injury or damage, or claims subsequent thereto, to any person, property, or animal, caused directly or indirectly by any of the participating parties. I agree to participate in this program and agree to this waiver of liability.
5. I hereby consent to a representative of the Town of Parry Sound contacting the veterinarian to confirm that the spay/neuter has taken place.

I have read the above statements and sign here that I agree.

Signature of pet owner:

Date:

Please mail this form to the above address along with proof of ownership (if available), vaccination record, veterinary receipt, or municipal dog/cat license.

Surgery must be completed within 60 days from approval date. Failure to do so will result in cancellation.

**Do not make an appointment for surgery until your application has been approved, or your application will be rejected.**

**\*\*\*All applicants must be residents of the Town of Parry Sound.\*\*\***