



**Northern Ontario Animal Welfare Society**  
**APPLICATION FOR SPAY/NEUTER SUBSIDY**  
**"PALS" Program (Prevent-a-Litter Subsidy)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pet Information:**  
 Pet Name: \_\_\_\_\_  Cat  Dog  Male  Female Age \_\_\_\_\_  
 • Is your pet up - to - date with its vaccines?  Yes  No  
 • Where did you get your pet? \_\_\_\_\_  
 • How long have you had your pet? \_\_\_\_\_

**Eligibility Verification:**  
 Please provide the following information to determine your eligibility for PALS Subsidy\*  
 (See PALS Program Description/Eligibility Requirements – available at [www.NOAWS.com](http://www.NOAWS.com))

Personal Income Tax Return or Social Assistance Pay Stub (For all members of household)  
 Copy of Personal Identification

Is this the first time that you have applied for help from NOAWS? If no, explain: \_\_\_\_\_

• Please provide copies of applicable documents listed above WITH YOUR APPLICATION (Your application will be returned to you without proof of eligibility).

*\*ALL personal information provided will be kept confidential.*

**Subsidy Request:**  
 NOAWS will subsidize the following amounts under the PALS Program. Please check those that apply:

\$60 towards a Cat Spay  \$40 towards a Cat Neuter  \$100 towards a Dog Spay  
 \$80 towards a Dog Neuter  \$25 towards Vaccines  \$\_\_\_\_\_ Other \_\_\_\_\_

for a total request of \$

**Note:**  
 Completion of application does not constitute APPROVAL. PALS Committee members will contact you within 30 days of receiving the application to inform you if your application has been approved  
**Acceptance of a subsidy under the PALS program is VOID WITH DECLAW PROCEDURE.**

**I certify that the above information is correct. I agree that, by accepting a subsidy under the PALS Program, my pet's photo and information may be used for promotional and statistical purposes.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**NOAWS USE ONLY:**

Approved  Denied - Reasons: \_\_\_\_\_

\_\_\_\_\_  
 Signature of PALS Coordinator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Sent to IFAH (Date)