



AlleyCATS Alliance Society

Box 332 113-437 Martin Street, Penticton, BC V2A 5L1
Phone: 250.462-8195

S.N.A.P PROGRAM (Spay & Neuter As Many As Possible) APPLICATION FOR ASSISTANCE

This program is funded 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 surgery. Only one form necessary per family, even with several pets.

NAME: _____ PHONE #: _____

STREET ADDRESS: _____ CITY: _____ POSTAL CODE: _____

EMAIL: _____ No. OF PETS: _____ EMPLOYER: _____

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

Description of pet(s) needing assistance: _____

Reason for requesting assistance: _____

Have you been helped by us before? Yes / No Annual Income: _____

WE NEED VOLUNTEERS, ARE YOU INTERESTED? _____

This form must be completed in full and returned to AlleyCATS Alliance WITH PROOF OF INCOME Attn: Marielle Brule at White Kennedy Chartered Accountants 99 Padmore Ave, Penticton or by mailing it to the address at the top of the form before your request for assistance can be considered. This application is not valid without an authorized signature from AlleyCATS Alliance.

Your contribution will be based on ability to pay and will be required prior to surgery (payable by cash only)

Office Use Only

Approved / Not Approved

AlleyCATS Alliance Authorized Signatory _____

Comments: _____