



AlleyCATS Alliance Society

Box 332 113-437 Martin Street, Penticton, BC V2A 5L1
Phone: 250-462-8195 Email: alleycatsalliance@gmail.com

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

This program is funded by local donations and some financial assistance from the Province of British Columbia. 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.

DATE: _____ NAME: _____ PHONE #: _____

STREET ADDRESS: _____ CITY: _____ POSTAL CODE: _____

EMAIL: _____ # OF PETS: _____ EMPLOYER: _____

CAT M F CAT M F CAT M F CAT M F (please check)

Names, Ages and Description of pet(s) needing assistance:

Reason for requesting assistance:

Have you been helped by us before? Yes No

Annual Income:

Contribution Amount:

WE NEED VOLUNTEERS, ARE YOU INTERESTED? Yes No

This form must be completed in full and submitted to AlleyCATS Alliance **WITH PROOF OF INCOME** by e-mailing or mailing it to the address at the top of the form. Your request for assistance can then be considered and approved. 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: _____