



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 and 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

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: _____ Are you interested in volunteering? Yes No



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This form must be completed in full and submitted to AlleyCATS Alliance **WITH PROOF OF INCOME** by emailing 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: