



Spay/Neuter Program Application

To help dog owners with low incomes

APPLICANT INFORMATION					
Name:					
Address:					
Primary Phone #:		Alternate Phone #:			
Email:					
DOG INFORMATION					
Name:		Age:			
Breed: Gender:					
Weight: (Select appropriate weight range)	0 – 9 KG (up to 20 lbs)	9 – 18 KG (20 – 40 lbs)	18 – 32 KG (40 – 70 lbs)	32+ KG (70 lbs or over)	
Tag #: Purchase/Renewal Date:					
 A City of Red Deer Reside within City of Submission of CRA Must meet Government thresholds. 	Dog Licence regist of Red Deer limits. Notice of Assessm		year. s year is to accompa		
ACKNOWLEDGEMENT					
I acknowledge that all the information in this application is correct to the best of my knowledge.					
I acknowledge that a sp accept responsibility fo any extra veterinary ex	r any additional cos	sts that may arise from			
Date of Application			Applicant Signature		

A completed application can be submitted via email to

complaints@albertaanimalservices.ca

You will be notified by email of the outcome of your application for the Spay/Neuter Program.

Questions? Contact Alberta Animal Services:

403-347-2388 or complaints@albertaanimalservices.ca