



Flin Flon/Creighton & Area SPCA, INC

Box 863, Flin Flon, MB R8A 1N6 ♦ (204) 687-8744 ♦ E-mail: ffspca@mts.net
♦ www.cityofflinflon.com/spca/home/htm

Spay/Neuter Program

Date: _____

Owner's Name: _____
Last Name First Name

Address: _____
Number and Street Name *or* Box Number

City Province

Postal Code

Phone: _____

Pet's Name: _____ Dog Cat

Breed: _____ Colour: _____

Age: _____

Surgery: Spay Neuter

To ensure review of your application, please provide us with confirmation of your annual household income by including a NOTICE OF ASSESSMENT you have received from Revenue Canada from the previous tax year.

Annual Household Income: _____

Please enclose payment of \$75 for dog surgery or \$50 for cat surgery. The full amount paid will be returned if you are not approved for assistance.

By submitting this application, I understand that completion of this application does not guarantee that I will be approved for the funding and I also certify that I have been completely truthful and have not concealed or withheld any information. I hereby authorize the FLIN FLON/CREIGHTON & AREA SPCA, INC. to verify any information given by me.

Applicant Signature

Date