Thornhill Animal Shelter

3856 Desjardins 250-638-1565

## **Spay/Neuter Initiative Program**

I	of			,
Full Name		Civic Address	and Mailing Address	
	Has been awarded	a Spay/Neuter Forr	m worth \$200 for	their pet.
Phone Number(s)				
Described as follows:				
Name of Pet:	_	Breed:		
Description/Markings:		Age: _		Sex:
Dog License No:	(i	applicable)		
This form is valid for one ye neutering a pet at a participa Regional District of Kitimat-Sti	ting veterinary clinic or p	provider. The \$200	) value is gene	erously provided by the
Terms and Conditions:				
1.This form is non-transferable a	nd can only be used by the เ	ecipient for the spe	cified pet.	
2. The form is valid only for s procedures.	paying or neutering servic	es and does not	cover any addit	ional medical or surgical
3. The recipient is responsible for	scheduling the spay/neuter	procedure with a p	articipating vete	rinary clinic or provider.
4. The form must be presented Stikine to receive the \$200 disco			ntment to the Re	egional District of Kitimat-
5. The form expires one year from	n the date of issuance.			
By accepting this form, the rec	ipient agrees to abide by t	he terms and con	ditions outlined	above.
Dated this day of	20	Signed:	Nama of age	and after a given
Regional District of Kitimat-Sti			Name of perso	on adopting animal
Per:				
<b>Or</b> Authorized Agent for the R	egional District:			
<b>9</b>		SNIP#·	Denosit:	Receipt:
*Personal information contained on thi	s form is collected under the Fre	· · · · · · · · · · · · · · · · · · ·		

for the purpose for which it was collected. If you have any questions about the collection and use of this information, please contact the

Regional District of Kitimat-Stikine at (250) 615-6100.