



**TOWN OF LAKESHORE
APPLICATION FOR
FERAL CAT SPAY OR NEUTER PROGRAM**

The Spay or Neuter Program allows for 100 Vouchers to be issued on a first come first serve basis to residents residing in the Town of Lakeshore. Spay or neuter vouchers have a maximum value of \$50.00 inclusive of HST and will be limited to two per applicant. Any costs in excess of \$50.00 for spay or neuter surgeries are the responsibility of the applicant.

Several veterinarians in Windsor-Essex County and Tilbury have chosen to participate in providing spay or neuter services, a complete list of participating veterinarians are listed on Appendix "A" of this application. To obtain information regarding the cost of spay and neutering services, applicants are asked to contact the veterinarians directly.

Applicant Information

First Name:	
Last Name:	
Address:	
Postal Code	
Phone:	
Alternate Phone:	
Email:	

Feral Cats to be Spayed or Neutered

Number of vouchers you are applying for as a caregiver of a feral cat:

(Maximum of two vouchers)

Applicant Identification

The Applicant named in this application must present photo identification at the time of submitting an application for spay or neuter vouchers in accordance with the program requirements. Valid photo identification is required for purposes of identifying the applicant a resident of the Town of Lakeshore.

Acceptable pieces of ID include:

- Ontario Driver’s Licence
- Canadian Passport
- Canadian Citizenship Card
- Secure Indian Status Card
- Canadian Armed Forces Identification Card
- Permanent Resident Card

Signature

The information I have provided is complete and true. I am at least 18 years of age and my residence is located in the Town of Lakeshore. I understand that if I do not sign my application, the unsigned application will be returned to me as unprocessed.

I understand that any cat processed through this program will have one ear clipped

I understand that vouchers are issued on a first come, first serve basis and that they will expire 90 days from the date of issue by the Town of Lakeshore. If I am unable to use any voucher(s) issued to me within 90 days of the date of issue, I will return the voucher to the Town of Lakeshore prior to expiration of the 90 day period.

Applicant’s Name: (Please Print) _____

Applicant’s Signature: _____

Date (mm/dd/yyyy): _____

Questions regarding the Spay or Neuter Program may be directed to the Clerk's Division at the Town of Lakeshore at 519-728-2700 ext. 269.

The complete application form must be submitted in person at the following address:

Town of Lakeshore
 419 Notre Dame St.
 Belle River, Ontario
 N0R 1A0

For Office Use Only			
<input type="checkbox"/> Home Owner		<input type="checkbox"/> Tenant	
Roll Number:		Zone:	
Meets all Criteria:		Verified By:	
Number of Vouchers Requested:			
Voucher # Issued:		Voucher Expiry Date:	
Voucher # Issued:		Voucher Expiry Date:	

The personal information being collected on this application for Spay or Neuter Vouchers is being collected for the purpose of determining eligibility under the Spay or Neuter Program for the Town of Lakeshore. The information collected is under the authority of the Municipal Act, 2001, and in accordance with the Municipal Freedom of Information and Protection Privacy Act. Questions regarding the collection, use and disclosure of this personal information may be directed to the Clerk at 419 Notre Dame Street, Belle River, Ontario N0R 1A0 or 519-728-2700.

This application can be made available in an alternative format upon request.