

SCAT Street Cat Rescue Program
Subsidized Spay/Neuter Vouchers
For Animals belonging to Low/Fixed Income Families
From the Saskatoon Community

Policy on subsidizing the spay/neuter of animals belonging to the general public

As the registered guardian of the animal entering the SCAT VIP program, you are responsible for:

1. Transporting the animal to and from the clinic for all scheduled appointments.
2. Making, keeping and being on time for clinic appointments.
3. Contacting the clinic 48 hours prior to an appointment if you must cancel or change the appointment.
4. Paying the fee for VIP services at the time you pick up the voucher once approved.

SCAT VIP Vouchers:

5. Are valid only until the expiry date¹ as listed on the voucher. (This is 60 days after the date of authorization signature from the SCAT VIP Counselor.)
6. Cover only:
 - a. The spay/neuter surgery
 - b. Pain medication
 - c. One FVRCP vaccination
 - d. One Rabies vaccination
 - e. One microchip and implant
7. DO NOT Cover such items as:
 - a. Clinic visit fee – which may be waived by some clinics
 - b. Vaccination boosters
 - c. Charges over regular spay/neuter costs due to circumstances such as pregnancy, in-heat, cryptorchid male
 - d. Dentals
 - e. Tests such as Blood tests, FIV/Felv Tests, or Urinalysis
8. Will be cancelled² if you fail to keep appointments without giving the required cancellation notice.

Questions or concerns:

If you have any questions or concerns, please leave a message and someone will return your call as soon as possible:

SCAT Street Cat Rescue (306) 955-7228

This service has been provided for you through the generous support of your local veterinarian. Please show them your appreciation. Thank you.

¹ If surgery cannot be performed prior to the expiry date due to medical circumstances regarding the animal in question or the clinic's busy schedule, the **guardian must notify SCAT 955-7228** to request an extension of the expiry date. A SCAT VIP Counselor will confirm the circumstances with the clinic and either authorize an extension or request the guardian to make a new application once the circumstances have returned to normal.

² SCAT VIP fees are non-refundable.

SCAT Street Cat Rescue VIP – Voucher Incentive Program

(DO NOT WRITE IN SHADED AREAS)		VOUCHER NUMBER
Your Name:		Home Phone:
Street Address:		Apartment #
City:		Postal Code
Cell:	Work:	Email:
ALTERNATE OR EMERGENCY CONTACT		
Name:		Home Phone:
Street Address:		Apartment #
City:		Postal Code
Cell:	Work:	Email:
ANIMAL'S INFORMATION		
Animal's Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female AGE:	HAIR: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	Color:
License Number:	Microchip Number:	
<u>SURGERY AGREEMENT AND WAIVER</u>		
<ul style="list-style-type: none"> • I am the legal guardian of this animal and believe this animal to be in good general health. • I understand that I must notify the clinic and/or veterinarian if there is the slightest chance that my female animal may be in heat or pregnant, and if that is the case, that there will be additional costs that <i><u>I am responsible to pay</u></i> myself before I can pick up my animal from the clinic. • I, being responsible for this animal, give my consent to the veterinarian to receive, treat and/or operate on this animal. • I understand that while all procedures are to be done to the best abilities of the staff, no assurance or guarantee has been made of the results of any surgery or treatment, and that risks and probabilities of complications exist in any surgical or medical treatment. I consent to the administration of anesthetics and/or other medications as may be deemed necessary by the veterinarian. • I understand that as the registered guardian, I am responsible for following the veterinary clinic's pre and post surgery instructions exactly as required. • I understand that the SCAT VIP will only pay for the basic spay/neuter surgery, pain medication, one FVRCP vaccination, one Rabies vaccination, and one microchip and implant, and that <i><u>I am responsible for paying</u></i> the clinic directly for any additional costs. • I will not hold responsible SCAT and/or any of its representatives or any participating veterinarians and clinic staff in the event of any problems or complications before, during, or after the surgery. • I authorize the sharing of information regarding this animal and/or myself between SCAT and any clinic/veterinarian that has such information from the past, the present or the future. • I sign this agreement and waiver, being at least 18 years of age and having read, understood and agreed to the above items. 		
GUARDIAN		
Signature		Date
AUTHORIZATION BY SCAT VIP COUNSELOR		
Signature		Voucher Expiry Date (in 60 days)
VETERINARIAN PERFORMING SURGERY		
Print Name		Signature
Clinic		Date of Surgery
NOTE TO CLINIC		
Please return this voucher upon completion of surgery along with invoice for portion of costs to be paid by SCAT Street Cat Rescue Program to: SCAT Financial Office, 202 Frobisher Crescent, Saskatoon, SK S7K 4Y7		

SCAT Street Cat Rescue VIP – Voucher Incentive Program

DO NOT WRITE IN SHADED AREAS		VOUCHER NUMBER
Your Name:		Home Phone:
Street Address:		Apartment #
City:		Postal Code
Cell:	Work:	Email:
ALTERNATE OR EMERGENCY CONTACT		
Name:		Home Phone:
Street Address:		Apartment #
City:		Postal Code
Cell:	Work:	Email:
ANIMAL'S INFORMATION		
Animal's Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	HAIR: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
		Color:
SURVEY		
What neighborhood do you live in? i.e. Nutana?		
How many people are in your household?		How many pets in your household?
<input type="checkbox"/> Adults (18 or older)	<input type="checkbox"/> Dogs	<input type="checkbox"/> Spayed/Neutered
<input type="checkbox"/> Children (Under 18 of age)	<input type="checkbox"/> Cats	<input type="checkbox"/> Spayed/Neutered
		<input type="checkbox"/> Intact
		<input type="checkbox"/> Intact
Approximate household income per year? Please provide supporting documentation.		
<input type="checkbox"/> Less than \$9,999 <input type="checkbox"/> \$10,000 to \$19,999 <input type="checkbox"/> \$20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$39,999 <input type="checkbox"/> \$40,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$59,999		
What is the source of your income?		
<input type="checkbox"/> Social Services <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Canada Pension <input type="checkbox"/> Other Pension <input type="checkbox"/> Family <input type="checkbox"/> Job:		
Family Veterinarian/clinic? <input type="checkbox"/> NONE <input type="checkbox"/> Other:		
How many times do you visit a veterinary clinic? <input type="checkbox"/> NEVER <input type="checkbox"/> Only in serious emergency <input type="checkbox"/> Regularly (once a year or every two years)		
Why do you have an animal? Check all that apply.		
<input type="checkbox"/> Companionship <input type="checkbox"/> Love Animals <input type="checkbox"/> Have always had animals <input type="checkbox"/> To lower my blood pressure <input type="checkbox"/> Help me through stress <input type="checkbox"/>		
How long have you had THIS animal?		Where did you get THIS animal from?
<input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years	<input type="checkbox"/> Newspaper <input type="checkbox"/> Born in Home <input type="checkbox"/> Family Member <input type="checkbox"/> Friend	
<input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 6 years <input type="checkbox"/> Over 6 years	<input type="checkbox"/> Stray <input type="checkbox"/> Pet shop <input type="checkbox"/> Other	
Is THIS animal:		Has THIS animal been responsible for any litters?
<input type="checkbox"/> Indoors only <input type="checkbox"/> Outdoors only <input type="checkbox"/> Both		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> How many litters? <input type="checkbox"/> First time pregnant now
<input type="checkbox"/> In contact with intact animals same species opposite sex		
Why is THIS animal not spayed/neutered yet?		If you do not qualify for this program, will you spay/neuter THIS animal?
<input type="checkbox"/> Too Young <input type="checkbox"/> Can't afford <input type="checkbox"/> Haven't had time		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not for some time, till I can save for it
<input type="checkbox"/> Other		
How will you get THIS animal to the clinic?		How did you hear about the SCAT VIP program?
<input type="checkbox"/> Have vehicle <input type="checkbox"/> Family/Friend <input type="checkbox"/> Public Transit	<input type="checkbox"/> Newspaper <input type="checkbox"/> Poster <input type="checkbox"/> Word-of-Mouth <input type="checkbox"/> Television	
<input type="checkbox"/> Taxi <input type="checkbox"/> Walk <input type="checkbox"/> I don't know	<input type="checkbox"/> Other:	
(DO NOT WRITE IN SHADED AREAS) OFFICE USE ONLY		VOUCHER NUMBER
<input type="checkbox"/> Fee Deposit Paid Amount \$	<input type="checkbox"/> Copy of Proof of Address Attached	<input type="checkbox"/> Copy of Proof of Income Attached
Signature of Counselor		<input type="checkbox"/> Applicant has signed Surgery Agreement/Waiver