

P.A.W.S., Inc. (People for Animal Welfare Society)

Request for Assistance with Veterinary Costs

Name _____ Phone (home) _____ (work) _____

Address _____

Number of people in household: Adults _____ Children _____

Employer _____ How long employed? _____

Total household income after taxes (per month), including value of all public help: _____

What public assistance do you currently receive? _____

P.A.W.S. will help with the cost of spay/neuter and shots for up to two animals. Please check the kind and number of pets and the kind of vet service you need:

Dog(s) 1 _____ 2 _____ Spay _____ Neuter _____ Rabies Shot _____ Distemper Shot _____

Cat(s) 1 _____ 2 _____ Spay _____ Neuter _____ Rabies Shot _____ Distemper Shot _____

P.A.W.S. requires a contribution of \$25 per animal towards the vet care cost. Please enclose a check, made out to P.A.W.S. Should your application not be approved, your check will be returned.

If your application is approved, we will call the Jefferson Veterinary Clinic and authorize the surgery and/or shots. You can then call for your appointment* (515/386-2211) when we notify you of your approval. If you prefer another veterinarian, P.A.W.S. will pay up to 50%.

****THE VET CLINIC WILL NOT PERFORM ANY OTHER PROCEDURES AT THIS APPOINTMENT WITHOUT PRIOR APPROVAL FROM P.A.W.S.***

I, the undersigned, give P.A.W.S. permission to verify any and all information given.

Pet Owner's Signature

Date

Please return this form to: P.A.W.S., Inc.
P.O. Box 135
Jefferson, Iowa 50129