

# Application for Financial Assistance to Spay/Neuter a Pet



## Your Information:

First & Last Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Please provide any comments below:

Please attach copies of financial information. (Ex. Disability statement, Soc. Sec. statement, Food stamps voucher, Unemployment check stub, Tax returns)

## Pet Information (One application per pet please)

Pet Name: \_\_\_\_\_ Pet Type (Dog/Cat): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Is this pet up to date with vaccines?** Please note our organization does not provide financial assistance to pet owners for vaccine expenses. This pet **MUST** be up to date with its vaccines prior to its surgery at your own expense. **Yes/No:** \_\_\_\_\_

I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for disqualification. Please note, applications are accepted on a funds-availability basis.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Directors Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_