

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 _____