

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 explain why you are requesting financial assistance at this time (unemployed/on disability or social security/etc.).

Pet Information (1 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 _____

Approved Disapproved

Board of Director Signature _____ Date _____

Directors Notes: