



PALNV SPAY/NEUTER  
ASSISTANCE PROJECT  
FIX-A-PAL

INSIDE:

Overview  
Application



## **Spay/Neuter Assistance Overview**

Enclosed please find an application for a spay/neuter assistance from PALNV's Fix-A-Pal Project.

Please complete the application in full and return to :

PALNV

4155 N Rancho Drive #150

Las Vegas, NV 89130

OR

Email to: [info@palnv.org](mailto:info@palnv.org)

OR

Fax to: 702-902-4075

We will then issue you a voucher which will be good for only 30 days at the following Spay/Neuter Clinics:

**Heaven Can Wait Society (HCWS) 702-655-4800**

**Spay/Neuter Center of S. NV. 702-240-7729**

You will need to contact the facility that you want to use and let them know that you have a voucher from PALNV and set your appointment. The voucher will include the spay or neuter pledge amount from PALNV.

Please feel free to contact us if you have any additional questions at 702-629-6351.

Jessica Kard  
Manager  
PALNV Wellness Clinic



4155 N Rancho Drive, Suite 150  
 Las Vegas, NV 89130  
 (702) 629-6351 Fax: (702) 902-4075  
 www.palnv.org info@palnv.org

## Spay/Neuter Assistance Application Fix-a-PAL

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Your information:**

Physical Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Are you a Military Veteran?  Yes  No

Referred By: \_\_\_\_\_

**COMPLETE description of the pet being spayed or neutered:**

Pet's Name: \_\_\_\_\_ Date of Birth/or Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_  Male  Female  Dog  Cat

Applications will **NOT** be considered complete without the above information.  
 Please fill out a separate application for each pet needing spay/neuter.  
**An incomplete application will take longer to approve.**  
 If you have any questions or need assistance, please call our office at 702-629-6351.

**Please sign and date:**

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Name

<b>FOR INTERNAL PALNV USE:</b>	<b>Voucher #19-</b>
Date Received: _____	Date Voucher Sent: _____
Date of Surgery: _____	Clinic: _____