



P.O. Box 1451
 Hudson, WI 54016
 helpinghands4pets.com
 715.781.8505

SPAY/NEUTER ASSISTANCE APPLICATION

Helping Hands for Pets (HH4P) is dedicated to the prevention of pet overpopulation. We believe spay/neuter is critical if we are to reach a day when there are no more homeless pets. You can do your part to support this belief by having your pet spayed/neutered. This assistance program has been created for responsible pet owners and caretakers with genuine need, and who may not otherwise be able to afford to have a pet spayed/neutered.

HH4P works with a local veterinarians to provide reduced fee spay/neuters. Donations fund this program.

**Application Instructions: Complete the entire application below and mail it to:
 Helping Hands for Pets • P.O. Box 1451 • Hudson, WI 54016**

Upon receipt of the application, you will be contacted to discuss your situation to determine qualification and the amount you will need to contribute. The remaining balance plus the cost of a rabies vaccination will be covered by HH4P. You will be responsible for the cost of any additional vaccinations, tests or other procedures you request from the vet. Cats may not be declawed in conjunction with this program. One pet per application, please.

SECTION 1: YOUR PET	SECTION 2: PERSONAL & FINANCIAL INFO
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Name of Pet: _____

DOG

Breed: _____

Sex: Male Female Unknown

Approximate Weight: _____

Age of Animal (years or months): _____

CAT

Sex: Male Female Unknown

Age of Animal (years or months): _____

If female, has she had a litter? Yes No Unknown

NOTE: Cats MUST be brought to vet in a carrier.

Please check all that apply:

Source of animal:
 Purchased Found Adopted Inherited

From:
 Pet Shop Shelter Relative Breeder
 Acquaintance Stray _____
 Other

Condition of Animal:
 Appears Healthy Friendly
 Wound/Injury (describe) _____
 Runny Eyes/Nose Fleas
 In Heat Pregnant
 Bites/Scratches Feral (wild)
 Other Health Problems _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

It is the law that animals be inoculated against rabies. Does this animal need a rabies shot? Yes No

Who is your current veterinarian? _____

Has your vet provided you a price quote on this surgery?
 Yes, price \$_____ No

Please describe your financial situation. Check all applicable boxes:

- | | |
|--|--|
| <input type="checkbox"/> Own Home | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Single Income | <input type="checkbox"/> Double Income |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Supplemental Security |

Income
 Aid to Families with Dependent Children Pharmaceutical Assistance to Aged or Disabled

Describe your situation: _____

I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading. The undersigned hereby releases Helping Hands for Pets, Inc. and its board members, members, and volunteers from liability in the unfortunate event the recipient's pet sustains additional injury, illness or death as the result of the assistance provided by the organization.

Signature: _____ Date: _____