

Focus on Ferals Spay/Neuter Assistance Program Application

All information associated with this application will be held in the strictest confidence.

Name _____ Telephone (h) _____

Address _____ (w) _____

Age Group: Under 20 ____ 21-65 ____ Over 65 ____

Total Annual Income (before taxes) of all wage earners in home (check income range)

____ under \$12,000

____ \$25,000 to \$35,000

____ \$12,000 to \$25,000

____ \$35,000 and up

Employer(s) or source of income: _____

Ages of dependents living at home: _____

Special circumstances limiting funds at this time (recent medical bills, unemployment, etc.)

Companion or Stray Animal Information: Cat, female ____ Cat, male ____
Age if known ____

Is any female pet for which surgery is intended either pregnant or nursing now? ____ Yes ____ No

Number of animals living with family _____

Number of animals that are spayed/neutered _____

Names of your current veterinarian _____

Applicant's Signature (guardian must sign if applicant is under 16)

Date: _____

Return completed form to: savinglives@focusferalstoday.com

If a voucher is awarded it must be received prior to any surgery scheduled.