

Application for Assistance for Spay/Neuter

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone number _____

Pet needing altered: Dog or Cat Male or Female Age ____ Breed _____

Pet's Name: _____ Approximate Weight: _____

Are you already receiving Free & Reduced Meals, FIP or Food Assistance? YES NO

How many people are living in your household, please include yourself:

Adults _____ Children _____

Please provide all sources of income for all adults and/or children in the household.

Name	Source	Gross Income	How Often? Weekly, Bi-weekly, Monthly
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all the information on the application is true and that all income is reported. I understand this information is given to determine my eligibility for funds to spay or neuter my pet.

Signature _____

Date _____

All information on this application will be used only to determine your eligibility for the spay/neuter program. This information will be kept private.

For Administrative Use Only

Eligibility Determination: _____ 75% _____ 50% _____ Over income limit