



Tails of Hope  
2450 Hoezle Road  
Hermitage, PA 16148

### Reduced Cost Spay/Neuter Application for Low-Income Household Page 1

Tails of Hope is a non-profit, low cost spay and neuter clinic with the goal of controlling the pet population in our neighborhoods. We are extending our services to provide an income-based sliding fee program.

Information needed to determine eligibility includes: a copy of photo ID with a current address on it.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently employed? Y / N Full or Part-time: FT / PT

If not employed, what is your source of income:

\_\_\_\_\_

Eligibility you are claiming: Check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Snap                       | <input type="checkbox"/> Section 8 Housing |
| <input type="checkbox"/> Social Security Disability | <input type="checkbox"/> WIC               |
| <input type="checkbox"/> SSI                        |  |

Please list the number of people living in the household. Enclose a **COPY** of **ALL** income and benefits that **ALL MEMBERS** of your household receive, including pages one and two of last year's federal income tax return. Include a copy of your last 2 months complete bank statements.

**\*DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED\***

**Reduced Cost Spay/Neuter Application for Low-Income Household Page 2**

**Pet Information (Limit: 3 Animals)**

1. Name: \_\_\_\_\_ Sex: (circle one) M / F Age: \_\_\_\_\_

Immunization Record

- FVRCP Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_  
 Rabies Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_  
 Other Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_

2. Name: \_\_\_\_\_ Sex: (circle one) M / F Age: \_\_\_\_\_

Immunization Record

- FVRCP Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_  
 Rabies Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_  
 Other Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_

3. Name: \_\_\_\_\_ Sex: (circle one) M / F Age: \_\_\_\_\_

Immunization Record

- FVRCP Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_  
 Rabies Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_  
 Other Date Given: \_\_\_\_\_ Administering Vet: \_\_\_\_\_

Income Guidelines

Household Size

Monthly Income Limit

1	\$1,518
2	\$2,058
3	\$2,598
4	\$3,138
5	\$3,678

I certify the above information is true and correct to the best of my knowledge. By signing below, I authorize the PA Dept. of Public Assistance and/or the Social Security Administration to release information regarding my current eligibility in the above programs.

All information received will remain confidential.

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

Submit Application to:

Tails of Hope

2450 Hoesle Road

Hermitage, PA 16148