

LOW INCOME SPAY/NEUTER ASSISTANCE APPLICATION

Funded by:
Animal Welfare Society of Allegany County, Inc.
P.O. Box 123
Cumberland, MD 21501-0123 301-724-0446

Provided at:
Stepping Stone Animal Society
12510 Naves Crossroad, NE
Cumberland, MD 21502 240-362-7547

Limit of 3 animals per household
Complete one application per animal - Please answer all questions
Provide proof of low income: food stamp card, energy assistance letter, medical card,
SSI letter, or first page of last year's income tax return

Name _____ Home Phone _____
Address _____ Cell Phone _____
City _____ State _____ Zip _____

ANIMAL: Cat _____ Dog _____ Name _____ Male _____ Female _____
Age _____ Color _____ Breed _____

1. Where did you get your pet? _____
2. If PET SHOP or BREEDER, please specify name of shop or breeder. _____
3. How much did you pay to buy your pet? _____
4. How long have you had your pet? _____
5. Is your pet current on all vaccinations? Yes _____ No _____
6. Are you committed to keeping your pet for the rest of his or her life? Yes _____ No _____
7. If your pet is female, how many litters has she had (that you know of)? _____
8. What is your household income before taxes?

Less than \$10,000 _____	\$10,000 - \$20,000 _____	\$20,00 - \$30,000 _____
\$30,000 - \$40,000 _____	\$40,000 - \$50,000 _____	over \$50,000 _____
- 8a. What is your occupation? _____
9. How many other pets do you have at home? Cats _____ Dogs _____
10. Are they spayed/neutered? Yes _____ No _____
11. Would you allow a home visit to check on the care your animals receives? Yes _____ No _____
12. How did you hear about this program? _____

Is there anything else you would like to tell us about your need for financial assistance to get your pet spayed or neutered? (Use back of form.)

I certify that the information above is true and correct to the best of my knowledge.

Signature

Date