

APPLICATION FOR SPAY/NEUTER ASSISTANCE

Name of Pet Owner _____ Age _____ Home Phone _____

Mailing Address _____ Town _____ Zip _____

I am applying for assistance because (please complete all that apply):

1. **I cannot afford vet clinic fees.** Combined family income before taxes: \$ _____
 - Number of people in your family? (circle one) 3 or fewer 4 5 6 or more
 - Other issues that make using a vet clinic too expensive: _____
2. **I have multiple animals to S/N.** How many animals do you need to S/N? _____
 - How did you acquire these animals? _____
3. **I am S/N'ing feral cats for "Trap, Neuter, Release."** How many cats do you plan to trap? _____
 - Where are the cats living? _____
 - Who will be responsible for releasing the cats after surgery? _____

Information on pet(s) to be spayed/neutered:

Cat Dog Sex: _____ Age: _____ Breed: _____ Name: _____

Needs: _____ Rabies _____ DHLPP (dogs) _____ FVRCP (cats)

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How does your dog react to strangers? Check all that apply: ___ Scared ___ Nervous ___ Jumpy ___ Growls

___ Tries to Bite ___ Urinates ___ Excited ___ Cowers/Trembles ___ Must be Muzzled ___ No Reaction

Date of the clinic you would like to attend in 2010:

___ 1/12 ___ 2/23 ___ 3/16 ___ 4/20 ___ 5/18 ___ 6/15 ___ 7/20 ___ 8/17 ___ 9/21 ___ 10/19 ___ 11/16 ___ 12/21

Deposit Information: REQUIRED

My \$25.00 deposit check is enclosed — OR — Use my credit card for the deposit:

Credit Card # _____ Expiration Date: _____

By signing below, I certify that all the information I have given is true.

Signature

Date

**** Please send your completed application and deposit to: WCHS, PO Box 397, Brattleboro, VT 05302 ****