

Application for TN Spay/Neuter Assistance
(PLEASE PRESS FIRMLY—YOU ARE MAKING COPIES)

Name and address including city & zip/no post office box/physical only _____

Telephone (home): _____ Telephone(work): _____

Pet's name: _____ Dog: _____ Cat: _____ Male: _____ Female: _____

Age: _____ Weight: _____ Breed: _____ Color/markings: _____

How did you get this pet? : _____ Approximate date of adoption _____

Do you already have a veterinarian: Yes: _____ No: _____

Name of Vet: _____ Address _____ Phone # _____

Please check the vaccinations and note last date received: Rabies? Yes : _____ Date _____ No _____

Cats: FVRCP ("distemper")? Yes ___ Date _____ No ___

Dogs: DHLPP ("distemper")? Yes _____ Date _____ No _____

Other pets? Yes: _____ No: _____ How many? Cats: _____ Dogs _____ spayed/neutered? Yes ___ No ___

The reason for requesting help for spay-neuter: (Complete all or mark "n/a" if not applicable)

Total household income last year, before taxes: \$ _____
\$ _____ per week OR \$ _____ per two (2) weeks OR \$ _____ month

Total other income (including public assistance, child support, alimony, interest income, etc.)
\$ _____ per week OR \$ _____ per two (2) weeks OR \$ _____ month

Please list below all household members, INCLUDING YOURSELF. Indicate full-time (FT) or part-time (PT) for those employed; student, unemployed, retired, etc. where applicable.

Name: _____	Age: _____	Occupation _____	FT	PT
Name: _____	Age: _____	Occupation _____	FT	PT
Name: _____	Age: _____	Occupation _____	FT	PT
Name: _____	Age: _____	Occupation _____	FT	PT

Do you own your home? Yes _____ If "no" Landlord's Name and Phone # _____

Do you receive?: (Check all that apply) _____ Food Stamps _____ General Relief _____ Medicaid
_____ Federal Supplement Security Income (SSI) _____ Rental Assistance _____ Fuel Assistance
_____ Aid to Families with Dependent Children (AFDC or TAFDC)
_____ Women, Infants, and Children (WIC) _____ Unemployment Benefits
_____ Social Security (as your main source of income) Other _____

Please state additional information to clarify your need for financial aid: _____

I affirm that the above information is true and correct.

Signature _____

Date _____

You must provide proof of assistance. Proof of assistance can be Senior Citizen: Any person over the age of 62. Proof: ID showing birth date. Low-income: Any person whose wages are \$15,000 or less per year. Proof: Tax return of employer's check or check stub. Receiving State or Federal Assistance: Proof: Medicare card, food stamps, social security check or stub, Tenn.-Care card, etc.

Information from this application may be used for Untied Way Spay/ Neuter assistance program. Income guidelines based on U.S. Department of Health and Human Services guidelines.

For Vet or SBCHA use only: