



## Low Income Spay/Neuter Application

**INCOME BASED: \$36,000 or less per year**

**NOTICE!! A \$25 CASH CO-PAY IS DUE WITH APPLICATION**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

**You must provide PROOF OF INCOME.**

Please provide a copy of one of the following:

- Food Stamp Card
- WIC
- Public Housing
- Income Tax Return
- Social Security Benefits
- Direct Deposit
- Medicaid

### Pet Information

Name: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_ Sex:  M  F

Name: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_ Sex:  M  F

Name: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_ Sex:  M  F

### Choose your vet

Dogwood: \_\_\_\_\_ Pinnacle: \_\_\_\_\_ Upchurch: \_\_\_\_\_

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