



**Best Friends  
Sanctuary**

P.O. Box 1038  
Jamestown, TN 38556  
**931-879-8196**  
bestfriendssanctuary.com

## 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
- Public Housing
- Social Security Benefits
- Medicaid
- WIC
- Income Tax Return
- Direct Deposit



### Pet Information

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

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### Choose your vet

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

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