



**Best Friends
Sanctuary**

P.O. Box 1038
Jamestown, TN 38556
931-397-4493
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
FENTRESS COUNTY RESIDENTS ONLY**

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

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Name: _____ Dog/Cat: _____ Sex: ☐ M ☐ F



Choose your vet

Dogwood: _____ Pinnacle: _____ Upchurch: _____

Signature: _____ Date: _____