



# PAWS HUMANE SOCIETY SPAY IT FORWARD APPLICATION

The Spay It Forward program is designated to help people who need additional financial assistance.

**This is not a free program.** This program is funded through donations. If funding is unavailable at the time of application you will be placed on a waiting list. Approval is at the discretion of clinic management.

Your annual household income must be under \$25,000. Copays must be prepaid to schedule your pet. If you are unable to prepay when we contact you, we will move to the next person on the waiting list.

## Pet Owner Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Is your annual household income under \$25,000 a year? **Y/N**

What type of assistance do you receive? Circle all that apply: Food Stamps, Disability, TANF, MC+, WIC, MAF, Home Energy Assistance OACAC, free or reduced school lunches, Head Start, other: \_\_\_\_\_

## Pet Information

How many pets are in your household? \_\_\_\_\_ Ages \_\_\_\_\_ Sexes \_\_\_\_\_ S/N \_\_\_\_\_

How long have you had each of your pets? \_\_\_\_\_

Where did you get your pets? \_\_\_\_\_

Do your pets have any known health problems? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Are your pets inside or outside? \_\_\_\_\_

Do your pets see a veterinarian regularly? \_\_\_\_\_

Have you used the Spay It Forward program before? **Y/N** If yes, when? \_\_\_\_\_

Why do you feel you need additional financial assistance? Please give a brief description of your circumstances and include what services you are seeking aid for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Copay: \_\_\_\_\_