

4 Paws Rescue Pet Overpopulation Advisory Council

Spay/Neuter Assistance Application

This program provides assistance to low-income pet owners that receive a form of government assistance. **PRIORITY IS GIVEN TO THOSE WHO ARE IN NEED.**

Please note: YOU ARE RESPONSIBLE FOR TRANSPORTATION OF YOUR PET TO AND FROM ODOM VETERINARY HOSPITAL IN FARMERVILLE, LA AT TIME OF APPOINTMENT.

1. Your Name: _____

Address: _____

Phone: _____

Pet's Name: _____ Cat [] Dog [] M/F

Age: _____ Weight: _____

2. Is your pet current on their Rabies and other vaccinations?

YES NO

3. What Veterinarian do you currently use? _____

4. Please check and circle all that apply to your situation and include proof of assistance:

•FOOD STAMPS• •MEDICAD• •SSI• •UNEMPLOYMENT• •DISABILITY•

5. How many people live in your household? _____

6. What is your annual gross household income? \$ _____

7. How much can you contribute towards the spay/neuter surgery? _____

Signature _____

Date _____

Please bring or mail application to:

4 Paws Recuse Inc.

290 Rodeo Rd

Ruston, LA 71270