



P.O. Box 1106, Lapeer, MI 48446
(810) 441-3892

Spay/Neuter Application

Step 1. Please answer all questions. Incomplete or unsigned forms will not be processed. **All applicants must be 18 years of age or older.** We will pay **only** for the spay/neuter charge. Any other services that the vet performs are your financial responsibility.

Your Name: _____ Driver's license #: _____

Date of Birth: _____ Marital Status: Single Married Divorced Separated

Address: _____ City: _____ State: _____ Zip: _____

Telephone (home) _____ (Cell) _____ Work _____

Place of employment _____

Proof of Eligibility: In order to qualify, you must meet **at least one** of the following criteria of financial need. You **MUST** provide proof of eligibility with your application. Please check the one that applies and make a copy of the card or letter or form as proof. (All personal information will be kept in the strictest confidence.)

- A) Medicaid card (adult, not child)
- B) WIC (Women, Infants & Children)
- C) EBT card (food stamps)
- D) SSI (adult, not child)
- E) IRS form 1040 showing income levels less than the limits below:
 1-person household - \$17,960, 2-person household - \$24,240, 3-person household - \$27,468
 4-person household - \$33,120, 5 or more person household - \$34,464
- F) Explanation of special circumstances and need for assistance (Please use the back of this form.)

Your Pet: Tell us about the pet you wish to have spayed/neutered:

Name	Sex	Age	Weight (approx)	Breed	Color	Last Rabies Shot	Last Distemper Shot

Step 2. Enclose your check or money order made out to Animal Welfare Society for the appropriate amount as follows:

Male Cat: \$35 Female Cat: \$45 Male Dog: \$55 Female Dog: \$65

Step 3. Sign below:

I certify that the answers are true to the best of my knowledge, and not misleading in any way. I am the owner of the above animal, and I have authority to consent to the surgery.

I understand that all surgery carries risks, and I release Animal Welfare Society of Mid-Michigan, Inc., its staff, directors and volunteers from any liability that may arise from my participation in the spay/neuter program.

Sign: _____

Date: _____