



LOW INCOME SPAY / NEUTER ASSISTANCE

Thank you for requesting an application to spay or neuter your pet!
Please do the following:

- Fill out the entire application, including a valid phone number.
- Attach proof of income, like tax documents, pay stubs, or government assistance.
- Please send a “co-pay” WITH the application; this money helps us pay for your pet’s surgery. The co-pay can be any amount that you can afford. It will be refunded if you are not approved. You are not disqualified if you don’t send one.
- Mail the application to the address on the bottom and allow 2-4 weeks for processing. Call 318-397-0007 or email spayneuter@pawsnela.org if you have questions or need a “rush.”
- We will contact you by phone or mail once we receive the application.
- Remember that females can be spayed while in heat or pregnant.

Sincerely,
Samantha Luttrell
Spay Neuter Director

PAWS of NE Louisiana

Spay/Neuter Assistance Application

This program provides assistance to low-income pet owners. We ask that you contribute whatever amount you can afford towards the cost of the surgery. Please send this co-pay to us with this application; it will go towards your pet's surgery. If you are not approved, your co-pay will be refunded to you in full.

HOW DID YOU HEAR ABOUT US? _____

1. Please fill form out completely: (print clearly)

Name _____

Address, City, State & Zip Code _____

Phone: _____ E-mail address: _____

2. Provide the following information for each pet to be spayed/neutered. **Please list weight of each pet.**

Estimate pet weight if you're uncertain.

Pet's Name	Cat/Dog	Breed/Color	M/F	Age	Weight
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Has a vet given your pet its shots within the last year? () Yes () No

4. Vet you would like to use: _____
(Not all vets participate in our program)

5. Check any assistance that you receive:

() Food Stamps () Medicaid () SSI () Public assistance () Disability () Unemployment

6. How many people live in your home? _____

7. What is your ANNUAL **household** income? \$_____ (Please include proof of income, such as tax form, government assistance, or pay stub. Mark through any sensitive information such as social security numbers.)

8. Amount of enclosed co-pay? \$_____

**** Please mail your co-pay amount, proof of income, and this application to the address below. We will notify you by mail or phone when your application is received and approved.**

Signature _____ Date _____

(By signing this application, I certify that the above information is true and accurate)

PAWS, Attn: Spay Neuter Program, P. O. Box 15432, Monroe, LA 71207-5432

Contact us at: 397-0007 or pawsonla@yahoo.com