



LOW INCOME SPAY/NEUTER ASSISTANCE Effective March 1, 2023

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 and email address.
- Attach proof of income, like 2 consecutive pay stubs, Social Security benefits, or government assistance letters as Medicaid and/or SNAP benefits for **each adult member** of the household. Black-out social security numbers. Your application CAN NOT be processed without sufficient proof of income and/or benefits.
- **Copayments are no longer required!** You may contribute something if you wish. Most veterinary offices now accept our vouchers as a discount only so we want you to be able to afford the balance that they will charge you. Some require vaccinations that will add to your balance.
- Pets listed must be **at least 5 months of age**. A weight estimate is required.
- Only up to 3 pets per household per year will be allowed. These must be pets that you keep in your home or property. Our service is for owned pets only.
- **Vouchers are valid for 30 days.** Please keep your appointment dates or forfeit assistance. No extensions nor rush surgeries are available. Females can be spayed while in heat or pregnant so don't let that cause a delay. Not all veterinarians participate so you may be assigned to one closest to you.
- Mail your application to the address on the bottom and allow 2-4 weeks for processing. Your voucher(s), if approved, will be mailed. Your application, proof of income, and donation, if one is sent, will be returned if the application is not approved.
- If you have any questions, please call us at (318) 397-0007 and clearly leave a message with your name, a good contact phone number, and your question. You may get a faster response by emailing us at pawsnela@yahoo.com

PAWS of NE Louisiana SPAY/NEUTER ASSISTANCE APPLICATION

Name _____

Address (street, apt/lot#, city, zip) _____

Phone (____) _____ Email _____

IF ANY INFORMATION IS MISSING FROM THE APPLICATION, YOUR APPLICATION WILL BE DENIED

PETS INFORMATION: ALL BLANKS ARE REQUIRED (ESTIMATE IF NEEDED)

ONLY 3 PETS PER HOUSEHOLD PER YEAR

Pet's Name	Male/Female	Dog/Cat	Breed	Age	Weight
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

YOU MUST PROVIDE COMPLETE INCOME INFORMATION THAT APPLIES FOR EACH MEMBER OF THE HOUSEHOLD

(2 Consecutive Paystubs, SSI, Disability, or Unemployment Awards Letter, SNAP, and Medicaid Benefits Letter)

Monthly Household Income (Gross/Pre-Tax) _____

Number of People in the Home _____ Adults _____ Under 18

A COPAYMENT IS NOT REQUIRED.

WHAT VETS OFFICE WOULD YOU LIKE TO USE? _____

Not all vets participate in our program, but we try to assign to the closest to you.

Have you used our program before? YES NO

To better serve our community:

Is the applicant a veteran? YES NO Is the applicant over the age of 65? YES NO

Applicant's signature _____ Date _____

PLEASE ALLOW 2.4 WEEKS FOR PROCESSING. RUSH APPLICATIONS ARE NOT AVAILABLE.
YOU WILL BE CONTACTED BY MAIL IF APPROVED.