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.

<table>
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<tr>
<th>Pet's Name</th>
<th>Cat/Dog</th>
<th>Breed/Color</th>
<th>M/F</th>
<th>Age</th>
<th>Weight</th>
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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 pawsnela@yahoo.com