

APPLICATION

Pets Alive-El Paso Spay/Neuter Voucher Program

Please mail completed application to:

Pets Alive-El Paso
Spay/Neuter Voucher Program
PO Box 961930
El Paso, TX 79996

(915) 873-7387

Name: _____

Home phone: _____ Work: _____ Cell: _____

Best time to contact me: _____ weekdays or _____ weekends

Address: _____

City: _____ State: _____ ZIP: _____

What part of the city do you reside? (West, Central, etc.) _____

Please complete section A or B.

A) If you receive public assistance, please tell us which one.

- | | |
|--|---|
| <input type="checkbox"/> County General Assistance | <input type="checkbox"/> CHIP |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Public/Section 8 Housing |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSDI (Disability) |
| <input type="checkbox"/> SSI | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> VA disability |
| <input type="checkbox"/> WIC | Other _____ |

B) If you do not receive public assistance, please provide: Annual household income \$ _____, Number of household members _____

Documentation must be submitted with application for items checked or for information provided in Section B.

Applications without the required documentation will not be considered.

Pets must be over 16 weeks for spay/neuter procedures

Pet 1

Name: _____ Dog / Cat Male / Female

Age: _____ Weight: _____ Color: _____

Breed (Dog): _____ Is your pet microchipped? _____

Current on rabies vaccinations? _____ Due Date: _____

Current on parvo/distemper vaccinations? _____

Pet 2

Name: _____ Dog / Cat Male / Female

Age: _____ Weight: _____ Color: _____

Breed (Dog): _____ Is your pet microchipped? _____

Current on rabies vaccinations? _____ Due Date: _____

Current on parvo/distemper vaccinations? _____

Pet 3

Name: _____ Dog / Cat Male / Female

Age: _____ Weight: _____ Color: _____

Breed (Dog): _____ Is your pet microchipped? _____

Current on rabies vaccinations? _____ Due Date: _____

Current on parvo/distemper vaccinations? _____

I have more than three pets to be spayed or neutered. I have written the others' information on a separate sheet.

Do your pets have any health problems or any special concerns?

Have you used Pets Alive spay/neuter services in the past? _____

If so, when? _____

I understand that the application must be complete and proof of public assistance or income must be included to be considered for assistance.

I certify that all the information provided is true.

Signature: _____ Date: _____