

# Salem Animal Rescue League Low Cost Spay/Neuter Application

**Please complete the following:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

**Please list your current household take-home pay:**

Weekly \_\_\_\_\_ or Bi-weekly \_\_\_\_\_

Please list any OTHER income per month (including public assistance, alimony, and interest income): \_\_\_\_\_

**Please check any/all that you are currently benefiting from:**

- |   |  |
|---|--|
| <input type="checkbox"/> Food stamps                                | <input type="checkbox"/> Social Security                   |
| <input type="checkbox"/> Medicaid                                   | <input type="checkbox"/> Women, Infants and Children (WIC) |
| <input type="checkbox"/> Federal Supplemental Security Income (SSI) | <input type="checkbox"/> Unemployment Benefits             |
| <input type="checkbox"/> Aid to Families with Dependent Children    | <input type="checkbox"/> None                              |
| <input type="checkbox"/> Rental Assistance                          | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Fuel Assistance                            | _____  |

**Please note, you will be asked for proof of your involvement with any of the programs you check off. If you are not benefiting from any of these programs you will need to provide a copy of your most recent tax return. We use the national poverty guidelines to determine eligibility for the program.**

Please list all household members, INCLUDING YOURSELF, who rely on the above stated income. Indicate ages and work status for each. Please use full time (FT) or part time (PT) for those employed, and student, unemployed, retired, etc. where applicable.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Please list additional names on the back of this form.

**Please indicate your household status:**

- Own  
 Rent  
 Board  
 Other (please specify; ex, assoc fees, lot rent): \_\_\_\_\_

Monthly Mortgage/Rent: \_\_\_\_\_

Please include any other financial information that will help us determine whether your pet(s) are eligible for our program (ex; loss of employment, bankruptcy, recent medical expenses, foreclosure, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please fill out the following information about your pet:**

**\*Pets must be over 12 weeks (3months) and weigh over 2 pounds.**

Name: \_\_\_\_\_

Species: Canine / Feline

Sex: Female / Male

Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

How did you acquire this pet? : \_\_\_\_\_

Age: \_\_\_\_\_ Years; \_\_\_\_\_ Months (for pets under 1 year, just enter the months).

Weight: \_\_\_\_\_

If your pet is female, has she had any litters? Yes / No

If yes, how many? \_\_\_\_\_

How long have you had this pet?: \_\_\_\_\_

Does he/she go outside? Yes / No

\* cat owners, please explain: \_\_\_\_\_

Has this pet been to a veterinarian before? Yes / No

Name of your Veterinarian: \_\_\_\_\_

Do you have any other pets? Yes / No

If yes, please list and indicate species and whether spayed/neutered:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

If additional space is needed, please use the back of this form.

If the above listed pets are not spayed/neutered and you would like to apply for those pets as well, please ask for additional forms.

How did you hear about our program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand this program is for low-income pet owners only. I certify the information I provided on this application is accurate. I agree to provide additional documentation if requested by SARL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note that acceptance into the Low Cost Spay/Neuter program is limited and will be decided by Salem Animal Rescue league management staff on a case by case basis. Other options, including the surrendering of pets may also be considered.**