



Low Cost/No Cost Spay/Neuter Program Application

(All questions on this form must be answered in order to be considered for qualification)

Please fill out one application form for each dog you are asking assistance with.

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Dog name: _____ Breed: _____

Color: _____ Age: _____ Male () or Female ()

If you answered Female, please answer the following questions:

Is dog in heat? _____ Date of last heat? _____ Is dog pregnant? _____

Has dog had a litter? _____ If so, when and how many times? _____

If you answered Male, please answer the following question:

Are both of your dogs' testicles descended? _____

Has the dog you are applying for been vaccinated?

Rabies? _____ Dates: _____ Distemper? _____ Dates: _____

Who is your regular Veterinarian? _____ Phone # _____

Is your dog currently on any medications? _____ If so, type/dosage: _____

Does your dog have any pre-existing conditions? If yes, please explain.

What is your dog's temperament? Easy to handle? _____ Difficult to handle? _____

If difficult, please explain: _____

Are you able to bring the dog to one of our participating veterinarians for the spay/neuter? _____.

You must be able to drop off your dog by 8:30 AM to our participating vet and pick up your dog after 3 PM the same day. We ask that you NOT feed your dog after 8PM the night before surgery and no water after midnight.

How did you hear about us and our Spay/Neuter Program?

Qualification:

How many in your household? Number of adults: _____ Number of children: _____

Number of dogs: _____ Number of cats: _____ Other: _____

Are your pets spayed or neutered? _____

Where did you get your dog? _____

Current monthly household income total: \$ _____

Acceptable forms of income verification must accompany application to be considered. Please attach to application or scan and email with application.

We can accept several forms of income verification:

Two (2) paycheck stubs dated within the last month for each wage earner.

Government award letter showing the total deposit amount of pay for these benefits, and/or any other income.

Social Security Award Letter

Supplemental Security

Pension

Retirement

Survivors Benefits

Disability

Tax return if self-employed or W-2 for the last calendar year (valid only if all income is taxable/reported).

By signing below, I certify that the information regarding my qualification is true. I understand that if my qualification is determined to be untrue, The Babes and Bullies may require me to pay the full cost of the services provided and may take legal action against me in the future. Furthermore, I understand that making an untrue statement on this application may constitute fraud and may be a prosecutable offense. If approved for spay/neuter assistance, the Babes and Bullies will pay for the services directly to the veterinarian. The Babes and Bullies will not be responsible for any pre-existing conditions or complications arising from the owner's voluntary consent to have their dog spayed/neutered.

Signature: _____ Date: _____

Please submit forms and income verification to: babesandbullies@gmail.com. If you have any questions, please email babesandbullies@gmail.com. Please visit our Facebook page and our website: www.thebabesandbullies.com.