



## Spay/Neuter Initiative Application

Thank you for your interest in spay/neuter surgery for your dog or cat. Please respond to the questions below by typing your answers into the boxes following each question. If you downloaded this application in .doc format, the boxes will expand as you type so please feel free to make your responses as long as you wish! All applications must be printed and mailed in to Spay/Neuter Initiative, PO Box 19105, Minneapolis MN 55419.

If you have more than one animal for which you are asking help for spay/neuter, you must submit a separate application for each animal and you must submit all of the applications at the same time. After you have submitted an application for your pet, you cannot submit another application for a minimum of one year.

Mail the completed application along with a copy of your most recent income statement\*\*\*\* to Spay/Neuter Initiative, PO Box 19105, Minneapolis MN 55419.

**\*\*\*\*YOU MUST INCLUDE YOUR MOST RECENT 1040 TAX INCOME STATEMENT OR MONTHLY BENEFIT STATEMENT FROM A COUNTY OR STATE AGENCY OR YOUR APPLICATION WILL BE RETURNED!!! SEE EXAMPLES OF THESE 2 FORMS AT THE END OF THIS APPLICATION.\*\*\*\* NOTE: BE SURE TO BLACK OUT YOUR SSN.**

If your dog or cat has been vaccinated for rabies or distemper within the last year, include a copy of the vaccination proof.

1. Please provide your contact information.

Name:

Address:

City/State/Zip:

Telephone number(s):

Email address:

Are you the Head of Household:

If not, who is the Head of Household?

2. How many people are in your household?

3. Please provide information about your pet?

Name:

Dog or Cat:

Male or Female:

Breed/Breed Mix:

Color/Markings:

Age or Date of Birth (Please approximate if exact not known):

Weight (Please approximate if exact not known):

4. How long has your dog or cat lived with you and where did you get him/her?

5. Within the last 2 weeks, has your dog or cat displayed any of the following: Sneezing, Coughing, Vomiting, Diarrhea? If yes, please explain.

6. Has your dog or cat ever had a seizure? If yes, please explain.

7. If your dog or cat is female, is she "in heat"? If yes, for how long?

8. If your dog or cat is female, is she "pregnant"? If yes, for how long?

9. Has your dog or cat ever given birth? If yes, how long ago?

10. Within the last 2 weeks, have you noticed any change in your dog or cat's Activity, behavior, appetite, water consumption? If yes, please explain.

11. Does your dog or cat have a history of health problems or injury (such as hit by a car or attacked by another animal)? If yes, please explain.

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12. Has your dog or cat ever been to see a veterinarian? If yes, please provide the name and address of the veterinary clinic used and what was done during the veterinary visit.

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13. Does your dog or cat have any reactions to vaccinations, drugs or medications? If yes, please explain.

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14. Has your cat or dog been vaccinated for rabies within the last year? If yes, please send a copy of the vaccination proof with your application.

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15. Has your cat or dog been vaccinated for distemper within the last year? If yes, please send a copy of the vaccination proof with your application.

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16. Within the last 10 days, has your dog or cat been treated for fleas/ticks or mange (dip, spray, powder)? Give the name of the product you are using to treat fleas. If approved for the program, stop treating for fleas at least 10 days before surgery.

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17. Is your dog or cat currently on heartworm prevention? If yes, what heartworm prevention are you using?

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18. Has your dog or cat been tested for heartworm? If yes, when?

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**IMPORTANT:** Please note that any existing medical condition will increase the risk for surgery.

**\*\*\*MAIL THE COMPLETED APPLICATION AND INCLUDE YOUR MOST RECENT 1040 INCOME STATEMENT OR MONTHLY BENEFIT STATEMENT PER EXAMPLES BELOW OR YOUR APPLICATION WILL BE RETURNED!!!\*\*\***  
**NOTE: BE SURE TO BLACK OUT YOUR SSN.**

For your application to be considered, be sure you include all these forms:

1. Application
2. Federal 1040 OR Monthly Benefit Statement (per examples)
3. Signed and witnessed Reduced Cost Services - Qualification Form (attached)
4. Rabies and distemper vaccination proof for your dog or cat if they have had a rabies or distemper vaccination within the last year.

Mail to:  
 Spay/Neuter Initiative  
 PO Box 19105  
 Minneapolis MN 55419

**THESE ARE THE ONLY 2 FORMS WE ACCEPT AS PROOF OF INCOME.**

**IF YOU DO NOT HAVE A CURRENT YEAR FORM, SEND THE MOST RECENT YEAR FORM YOU HAVE.**

**SAMPLE 1040/1040A FORM**

Form 1040A Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return (99) 2009 IRS Use Only - Do not write or staple in this space. CMB No. 1545-0374

Label (See instructions.)	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial		Spouse's social security number
Use the IRS label. Otherwise, please print or type.	Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	You must enter your SSN(s) above.
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.		

Presidential Election Campaign  Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions)  You  Spouse

Filing status  
 Check only one box.  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here.  Head of household (with qualifying person). (See instructions.)  
 4  If the qualifying person is a child but not your dependent, enter this child's name here.  Qualifying widow(er) with dependent child (see instructions)

Exemptions  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b  Spouse  
 c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see instr.)	No. of children on 8c who:
				<input type="checkbox"/>	+ lived with you <b>0</b>
				<input type="checkbox"/>	* did not live with you due to divorce or separation (see instructions) <b>0</b>
				<input type="checkbox"/>	Dependents on 8c not entered above <b>0</b>
				<input type="checkbox"/>	

d Total number of exemptions claimed. Add numbers on lines above **1**

Income Attach **7** Wages, salaries, tips, etc. Attach Form(s) W-2. **7** **3,572.**

# SAMPLE MONTHLY BENEFIT STATEMENT

BUDGET FOR FEBRUARY BENEFIT		HOUSEHOLD SIZE (1)	
<b>INCOME:</b>		<b>ALLOWABLE EXPENSES/DEDUCTIONS:</b>	
WAGES . . . . .	0.00	RENT/MORTGAGE . . . . .	30.00
PA GRANTS . . . . .	203.00	HEAT/AIR . . . . .	0.00
RSDI/SSI/RR-RTRMT . . . . .	0.00	LIGHTS . . . . .	80.00
UC . . . . .	0.00	PHONE . . . . .	28.00
COUNTED SCHOOL INCOME . . . . .	0.00	WATER/GARBAGE . . . . .	0.00
OTHER . . . . .	0.00	OTHER . . . . .	0.00
<b>TOTAL . . . . .</b>	<b>203.00</b>	MEDICAL . . . . .	0.00
		DEPENDENT CARE . . . . .	0.00
		CHILD SUPPORT . . . . .	0.00
		FOOD SUPPORT ALLOTMENT . . . . .	200.00
		PRORATED AMOUNT . . . . .	0.00
		DRUG FELON SANCTION . . . . .	0.00
		RECOUPMENT AMOUNT . . . . .	0.00
		AMOUNT ALREADY ISSUED . . . . .	0.00
		<b>BENEFIT AMT TO BE ISSUED . . . . .</b>	<b>200.00</b>

# Spay/Neuter Initiative

## REDUCED COST SERVICES - QUALIFICATION FORM

In accordance with the conditions of the Spay/Neuter Initiative to subsidize spay/neuter services at reduced cost, I confirm that the companion animal for whom I have requested spay/neuter services resides at my residence and that I have provided accurate income and household size information.

I also acknowledge that if the companion animal receiving these services does not reside with me or the total household number or income provided is inaccurate, then accepting Spay/Neuter Initiative subsidy for these services at reduced cost, constitutes an act of fraud and that I may be subject to prosecution and penalties in accordance with municipal, state and federal laws.

Please sign and have witness sign this form and return to:

Spay/Neuter Initiative  
PO Box 19105  
Minneapolis MN 55419

Signature of Client

Date

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Signature of Witness

Date

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