



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.

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!!! (W-2 FORM IS NOT ENOUGH)******
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.

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.

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

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.

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.

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.

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

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

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

*****MAIL THE COMPLETED APPLICATION AND INCLUDE YOUR MOST RECENT 1040 TAX INCOME STATEMENT OR MONTHLY BENEFIT STATEMENT FROM A COUNTY OR STATE AGENCY OR YOUR APPLICATION WILL BE RETURNED!!!***** NOTE: BE SURE TO BLACK OUT YOUR SSN.**

Include rabies and distemper vaccination proof (if applicable) for your dog or cat.

Spay/Neuter Initiative
PO Box 19105
Minneapolis MN 55419