



Spay Neuter Initiative Application

Thank you for your interest in spay/neuter surgery for your cat or dog. If you qualify, we will provide no cost spay or neuter surgery for your dog and cat. Please review the qualification requirements below carefully to see if you qualify.

To qualify, your household income for the # of persons in your household cannot exceed the following schedule. Please check the appropriate box for your household income.

	#of Persons In Household	Total Annual Household Income
A	1	\$ 10,830
B	2	\$ 14,570
C	3	\$ 18,310
D	4	\$22,050
E	5	\$25,790
F	6	\$29,530
G	7	\$33,270
H	8	\$37,010

Please fill in the letter that corresponds to your household # and total household income_____.

Qualified clients must show a Minnesota-issued identification and proof of total annual household income and household size when you bring your pet for the surgery (Federal IRS Form 1040 or County or State Monthly Benefit Statement)

If your total annual household income for the # of persons in your household exceeds the amount listed, we cannot provide subsidized spay/neuter for your pet. Please contact either mnsnap.org or kindestcutmn.org to schedule a surgery for your pet at a cost that should be well within your means.

If you meet the qualification requirements, please respond to the questions below by typing your answers into the boxes following each question. This application is in .doc format, so the boxes will expand as you type so please feel free to make your responses as long as you wish!

Complete both the application and qualification form per the instructions. If you have more than one cat or dog for which you are asking help for spay/neuter, you must submit a separate application and qualification form for each one 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.

<http://www.pethavenmn.org/links-information.php>
<http://www.mnspayneuter.org/resources.htm>

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:

Species:

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 pet lived with you and where did you get him/her?

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

6. Has your pet ever had a seizure? If yes, please explain.

7. If your pet is female, is she "in heat"? If yes, for how long? Spay surgery can still be performed if your pet is "in Heat"

8. If your pet is female, is she "pregnant"? If yes, for how long? Spay surgery can still be performed even if your pet is pregnant.

9. Has your pet ever given birth? If yes, how long ago?

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

11. Does your pet 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 pet 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 pet have any reactions to vaccinations, drugs or medications? If yes, please explain.

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

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

If your pet has been vaccinated for rabies or distemper within the last year, bring a copy of the vaccination proof with you on the day of surgery.

16. Within the last 10 days, has your pet 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 to avoid complications after surgery.

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

18. Has your pet been tested for heartworm? If yes, when?

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

Spay/Neuter Initiative

NO COST SPAY NEUTER SURGERY - QUALIFICATION FORM

In accordance with the conditions of the Spay/Neuter Initiative to subsidize spay/neuter services at no 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 information.

I also acknowledge that if the companion animal receiving these services does not reside with me and/or I do not meet the need based qualifications, then accepting Spay/Neuter Initiative subsidy for these services constitutes an act of fraud and that I may be subject to prosecution and penalties in accordance with municipal, state and federal laws.

Please enter your email address and date:

Email address

Date:

EMAIL THE COMPLETED APPLICATION AND QUALIFICATION FORM TO:
spayneutersubsidy@yahoo.com