



LOW INCOME SPAY/NEUTER ASSISTANCE Effective July 1, 2020

Thank you for requesting an application to spay or neuter your pet! Please do the following:

- Fill out the entire application, including a valid phone number
- Attach proof of income, like pay stubs or government assistance. Your application WILL NOT be processed without the proof of income
- Please send a minimum co-pay of \$5 per pet **WITH** the application. This money helps us pay for the cost of your pet's surgery. The co-pay can be anything that you can afford. If you are not approved, your co-pay will be refunded
- Mail your application to the address on the bottom and allow 2-4 weeks for processing
- Females can be spayed while in heat or pregnant
- Due to a policy change, applicants that have received assistance in the past will not be issued vouchers. Vouchers will be issued for a maximum of 3 animals for new applicants.
- If you have any questions, please call us at (318) 397-0007 and leave a message. Please leave your name, a good contact phone number, and your question and we will return your call as soon as possible

Sincerely,
Staci Choate
Spay/Neuter Director

PO Box 15432 Monroe, LA 71207-5432 318 397 0007

PAWS of NE Louisiana

Tired of all those puppies and kittens!? Does your female pet attract unwanted males to your home? Does your male pet try to fight with other neighborhood dogs or cats? **GETTING YOUR PET FIXED WILL HELP!!**

HOW DID YOU HEAR ABOUT US? _____

1. Please fill in the information below: (please print clearly)

Name _____ Email Address: _____

Address, City, State & Zip Code _____

Phone: _____ Other Phone: _____

2. List information about each pet to be "fixed." Please estimate weight as closely as possible.

Pet's Name	Cat/Dog	Pet Breed	Male/Female	Age	Weight?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Has a vet given your pet its shots in the past year? Yes () No ()

4. Vet office you would like to use: _____
(Not all vet offices participate in our program.)

5. Check all that you receive:
() Food Stamps () Medicaid () SSI () Public assistance () Disability () Unemployment

6. Total number of people in your household: _____ Total Yearly Household Income: _____

7. Amount of *co-pay enclosed with this application: \$ _____
* Minimum co-pay of \$5 per pet is required and it will be put toward your pet's surgery.
It will be refunded if you are not approved.

To better understand the community we serve, please check if either or both applies to the APPLICANT.
This will not affect applicant's qualification status. _____ Over age 60 years _____ Military veteran

** We will notify you by mail or by phone, when your application is received and approved. (Allow 3-4 weeks for processing)

Signature _____ Date _____
(By signing this application, I certify that the above information is true and accurate)

COMPLETE AND MAIL THIS APPLICATION AND CO-PAY TO US FOR APPROVAL
PAWS Spay/Neuter, P. O. Box 15432, Monroe, LA 71207
Contact us at: 397-0007 or pawsonela@yahoo.com