

P.E.T.S – (Preventing Euthanasia Through Sterilization) Assistance Application

www.spaypetstn.org, Email pawpurrpets@aol.com or call us at 423-578-4599

Application for Spay/Neuter Assistance

Date _____

Name _____

Address _____

City _____ County _____ Zip _____

Daytime Phone (____) _____ Cell Phone (____) _____

Email Address _____

Number of dependents _____ Total family income per year \$ _____

Do you receive: * Medicaid * Welfare * Food Stamps * AFDC * WIC * Medicare * Other Circle one

Our assistance is not just based on income.

I am requesting spay/neuter assistance for:

* Dog * Male - How many? _____ * Female - How many? _____

* Cat * Male - How many? _____ * Female - How many? _____

FERAL CATS _____ MALE _____ FEMALE _____

Are any of your dogs medium to large and **ABOVE 40 POUNDS?**

IF SO HOW MANY? _____ MALE _____ Female _____

Total number of animals in the household _____ dogs _____ cats

Are the other animals spayed and/or neutered? * Yes _____ * No _____

Is your pet kept: Indoor () Outdoor () Indoor & Outdoor ()

NOTICE: Nursing females will not be eligible until babies have been weaned.

Are you able to donate something toward the spaying or neutering for each pet?

Total you can provide _____ for each animal to help with the surgery.

Are your animals current with their vaccinations? *Yes _____ * No _____

Needed Vaccinations: Rabies: _____ Distemper: _____
Previous Vaccination Dates: Rabies: _____ Distemper: _____

****NOTE:** If yes, must show veterinarian proof not just a Rabies Tag not just the tag.

No surgery will be performed on animals unvaccinated for rabies!

All services must be paid to the attending clinic in cash, unless you have an account with that clinic. No checks!

I am requesting assistance
because _____

Applicant*s
Signature _____

If your request is approved you would like to be contacted via

* email _____ * phone _____ mail _____ check one

We must have this Information form completed and turned to us before your pet will be added to the Schedule. You will be notified if you are approved. It will depend on the amount of funding we have for the amount of animals we can help spay or neuter. Mail back to : P.E.T.S , 4766 Hwy 11 W. Blountville, TN. 37617 or E-mail to: pawpurrpets@aol.com

By signing below you agree to the terms above and agree to pay directly to the veterinary clinic the fees, and you also certify that you are the legal owner of the above referenced animal and plan to keep the animal as a companion member of your household for the life of the animal.

Please mail application along with a **self-addressed, stamped envelope** to:
Paw-Purr P.E.T.S, 4766 Hwy. 11 W, Blountville, TN.37617

Additional charges from the veterinarian may be added. Please discuss this with the veterinarian in advance if you are wanting more than just spay or neuter services

I waive any and all claims against Paw-Purr P.E.T.S which may result from my pet's surgery. I have read and understand the guidelines, and all my answers are correct to the best of my knowledge.

SIGNATURE _____ **Date:** _____

For Office Use Only: Approved Yes * _____ No * _____, Surgery approved
at: _____ How many animals _C_____ D_____

How many dogs over 40 pounds ? _____ under _____

Applicant contacted with appointment time and location? Yes _____ No _____

DATE: _____ Approved By _____

