



Partners for Animal Welfare Society of Dearborn County

PO Box 133 Guilford Indiana 47022

812-539-9706

www.pawsofdearborncounty.org



Application for \$30.00 Spay/Neuter Assistance

Please fill out the application below to apply for a P.A.W.S. spay/neuter assistance voucher. If the applicant does not fall under the low-income guidelines, P.A.W.S. may use proceeds from fundraising activities for spay/neuter assistance if they are available. If you can financially support your pets surgery yourself, that would allow PAWS the opportunity to help someone less fortunate.

If your pet is from the Dearborn County Animal Shelter, you must adhere to County guidelines. Dearborn County Ordinance 90.53 requires that all dogs and cats adopted from the shelter be spayed / neutered. Puppies and kittens must be altered by 6 months of age. Adults must be altered within 30 days of adoption.

Upon approval, you will receive a \$30.00 Voucher to be used in the cost of having your animal altered. If you have set an appointment for the procedure before you receive the voucher, you will be reimbursed the \$30.00 with a copy of the receipt from your veterinarian.

Please allow 3-4 weeks to process request.

Completion of this application does not guarantee that you will receive financial assistance for your request.

Name _____ Home Phone _____
Address _____ City/State/Zip _____
County of Residence _____ E-Mail _____

Please indicate type of assistance Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Surgery: <input type="checkbox"/> Spay (female) <input type="checkbox"/> Neuter (male)	Please indicate number of animals that you currently own: Dogs Cats <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 plus <input type="checkbox"/> 4 plus	How many of these animals do you need assistance for? <input type="checkbox"/> All <input type="checkbox"/> Some Please indicate number and type below _____
---	--	---

Veterinary Reference _____

Please provide information on animal(s) Requesting assistance for (Use additional paper if needed) Name _____ Age _____ Length of time in your home _____ How did you get this animal? Adopted _____ Where adopted _____ Purchased _____ Stray _____	Please indicate closest total income level of household: <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> More	Please indicate number of people residing in home: Adults Children <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 plus <input type="checkbox"/> 4 plus
--	--	---

I agree to have named animal altered in accordance with the recommendation of my veterinarian as soon as possible:

Signature _____ **Date** _____

- P.A.W.S. Adoption / Date of Adoption _____
- PETsMART Adoption / Date of Adoption _____
PETsMART signature _____
- Shelter Adoption / Date of Adoption _____
- Request Assistance
- Barn Cat
- Feral Cat
- PetStuff Adoption / Date of Adoption _____
PetStuff # _____ PetStuff Signature _____

Please send your completed application to:
P.A.W.S.
16172 Possum Ridge Rd.,
Aurora IN 47001