



# Partners for Animal Welfare Society of Dearborn County

200 Charles A Liddle Drive Lawrenceburg IN 47025

812-577-0829

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 P.A.W.S. the opportunity to help someone less fortunate.

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 _____
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Veterinary Reference \_\_\_\_\_

Please provide information on animal(s) Requesting assistance for (Use additional paper if needed) <b>Name</b> _____ <b>Age</b> _____ Length of ownership _____ 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: <table border="0"> <tr> <td>Adults</td> <td>Children</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 4 plus</td> <td><input type="checkbox"/> 4 plus</td> </tr> </table>	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
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 \_\_\_\_\_  
Kennel Card Number \_\_\_\_\_
- PETsMART Adoption / Date of Adoption \_\_\_\_\_  
PETsMART signature \_\_\_\_\_
- Request Assistance
- Barn Cat
- Feral Cat

Please send your completed application to:  
P.A.W.S.  
16172 Possum Ridge Rd.,  
Aurora IN 47001  
**812 539 9706**