



ANIMAL FRIENDS
 P.O. Box 1169
 Hudson, WI 54016

LOW-COST SPAY/NEUTER PROGRAM APPLICATION

St. Croix Animal Friends works with a network of veterinarians who have reduced their prices for those who cannot otherwise afford to have their pets or strays spayed/neutered. This program has been created for pet owners and caretakers **with genuine financial need**. We ask that you limit your request to one animal per family. Participating veterinarians will determine whether your pet is a suitable candidate for the procedure.

Instructions: Complete this application (page 1 & 2) and mail it to SCAF at P.O. Box 1169 Hudson, WI. 54016. We will notify you within thirty days. If your application is approved, we will mail you a spay/neuter certificate.

Please be aware applications may be denied.

The \$25 of the spay/neuter cost is paid directly by you to the veterinarian and we will pay the balance. We will also cover the cost of the rabies vaccination but you will be responsible for the cost of any additional vaccinations, tests or other procedures you request from the vet. Cats may not be declawed in conjunction with this program.

How did you hear about St. Croix Animal Friends? _____

PART 1 - THE ANIMAL

Please fill out DOG or CAT - You must supply all of the information requested on this form to receive a spay/neuter discount certificate.

DOG

Breed: _____
 Sex: Male Female
 Approximate Weight (must provide): _____
 Age of Animal (specify in years or months): _____

CAT

Sex: Male Female
 Age of Animal (specify in years or months): _____
 If female, has she had a litter? Yes No Don't Know
 Note: Cats MUST be brought to vet in a carrier.

Name Of Pet _____

Please check all that apply:

- Source of Animal: Purchased Found Adopted Inherited
- From: Pet Shop Shelter Relative Breeder
- Acquaintance Stray Other _____

PART 2 - PERSONAL AND FINANCIAL INFORMATION

The information requested in this section will help us evaluate your request for low-cost services to our participating veterinarians. Please print clearly.

Name: _____ Phone: () _____
 Address: _____ E-mail: _____
 City: _____ State: _____ Zip: _____ County: _____

It is the law that animals be inoculated against rabies. Does the animal need a rabies shot? Yes No

LOW-COST PRICE
\$25.00

PART 3 - ELEGIBILITY INFORMATION

To be considered for SCAF assistance you must provide proof of participation in one of the following programs by sending a copy of the appropriate document along with this application.

***** BLACK OUT ANY SOCIAL SECURITY AND/OR DRIVER'S LICENSE NUMBERS BEFORE SENDING TO US.*****

- WI Welfare
- WIC Women, Infants Children Supplemental Nutrition
- Section 8 Housing
- Pharmaceutical Assistance to Aged or Disabled
- TEFAP The Emergency Food Assistance Program
- Food Stamps
- SSI Supplemental Security Income
- Unemployment Insurance
- Medicaid
- CSFP Commodity Supplemental
- Aid to Families with Dependent Children
- Food Share
- Public Assistance
- SNAP

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- Family Hardship

EXPLAIN _____

We rely on volunteers.
 Please consider donating your time.
 Contact us by the e-mail address below or checking the box.

- Please contact me about volunteering to help with events.

I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading.

Signature: _____ Date: _____