



PETS ALIVE EL PASO

Name: _____

Phone: _____

Best time to contact me: _____ weekdays or weekends (circle one)

Email address: _____

Address: _____

City: _____ State: _____ ZIP: _____

What part of the city do you reside? (west, central, etc.) _____

Please complete section A or B.

A) If you receive public assistance, please tell us which one.

- | | |
|--|---|
| <input type="checkbox"/> County General Assistance | <input type="checkbox"/> CHIP |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Public/Section 8 Housing |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSDI (Disability) |
| <input type="checkbox"/> SSI | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> VA disability |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Other _____ |

B) If you do not receive public assistance, please provide:

Annual household income: \$ _____

Number of household members: _____

Documentation must be submitted with application for items checked or for information provided in Section B.

Applications without the required documentation will not be considered.

Pets must be over 16 weeks for spay/neuter procedures.

Pet 1

Name: _____ (circle one) Dog / Cat (circle one) Male / Female

Age: _____ Weight: _____ Color: _____

Breed (Dog): _____ Is your pet microchipped? _____

Current on rabies vaccinations? _____ Due Date: _____

Current on parvo/distemper vaccinations? _____

Pet 2

Name: _____ (circle one) Dog / Cat (circle one) Male / Female

Age: _____ Weight: _____ Color: _____

Breed (Dog): _____ Is your pet microchipped? _____

Current on rabies vaccinations? _____ Due Date: _____

Current on parvo/distemper vaccinations? _____

Pet 3

Name: _____ (circle one) Dog / Cat (circle one) Male / Female

Age: _____ Weight: _____ Color: _____

Breed (Dog): _____ Is your pet microchipped? _____

Current on rabies vaccinations? _____ Due Date: _____

Current on parvo/distemper vaccinations? _____

Do your pets have any health problems or any special concerns? _____

Have you used Pets Alive spay/neuter services in the past? _____

If so, when? _____

I understand that the application must be complete and proof of public assistance or income must be included to be considered for assistance.

I certify that all the information provided is true.

Signature: _____ Date: _____

Please mail completed application to:

**Pets Alive-El Paso
Spay/Neuter Assistance Program
PO Box 961930
El Paso, TX 79996**