

PARTNERS FOR ANIMAL WELFARE AND SAFETY, INC. (PAWS)
Application for Spay/Neuter Assistance

If you need financial help to have your pet spayed or neutered, complete this form.

The **PAWS** Spay/Neuter Assistance Program will pay for a portion of the cost of spaying or neutering companion animals for you if you qualify. We will pay \$60 towards the cost of neutering male dogs, \$75 towards the cost of spaying female dogs, \$55 toward the cost of neutering male cats, and \$65 toward the cost of spaying female cats. You cannot use this offer in combination with any other spay/neuter assistance program. **PAWS** will review each application on an individual basis and reserves the right to limit the number of spay/neuters offered per family.

Our program is based on income. You are eligible for this service if you:

_____ Are a Garrett County (or an adjoining county) resident living in a single-person household with no dependents, and you are not claimed as a dependent by anyone else, and your annual income is \$15,000.00 or less.

_____ Are a Garrett County (or an adjoining county) resident living in a household with dependents (spouse and/or children), and your annual total family income is \$25,000.00 or less.

PAWS may give additional consideration to you if your income comes close to, but does not fall within the guidelines, and you have other circumstances that merit it (for example, number of dependents in the household, special needs, or handicapped dependents).

Please print: Name _____

Address _____

Zip _____

Phone _____ Best time to reach you _____ AM or PM

Type of pet(s) – please indicate how many:

CATS:

Male _____ Age(s) _____ Name(s) _____

Female _____ Age(s) _____ Name(s) _____

DOGS:

Male _____ Age(s) _____ Name(s) _____

Female _____ Age(s) _____ Name(s) _____

Regular vet, if you have one: Name _____

Phone _____

Please provide a copy of one of the following proofs of income and check which one you are providing.*

_____ Last year's 1040 income tax form _____ Proof of Social Security or SSI benefits
_____ Pay stubs from the last 3 months _____ All W-2 forms for your family

*Additional information may be requested to help determine eligibility in certain circumstances.

Post-Surgical Pick-Up

I understand that PAWS will pay for only a portion of the veterinary costs for the spay or neuter procedure(s) performed under this program, and that I will be responsible for paying all of the remaining costs. This payment will be made to the operating veterinarian at the time the animal is picked up after surgery.

Signature _____ Date _____

Authorization

I authorize Partners for Animal Welfare and Safety, and all participating veterinarians, employees, and volunteers to receive, prescribe for, treat, or operate upon my pet animal(s) when presented per this agreement.

I agree to hold harmless, and release Partners for Animal Welfare and Safety, and all participating veterinarians, employees, and volunteers, from and against all actions, damages, disabilities or expenses, including attorney's fees and witness costs that may be asserted by any person or entity including myself, arising out of or in connection with the care, treatment, surgery, or safe-keeping of the animal(s). Further, I understand that it is not possible for you to guarantee that any medical or surgical procedure will be successful and without complication.

I have read and understand the above paragraphs:

Signature _____ Date _____

Please mail signed form and proof of income to: **PAWS**
P.O. Box 745
McHenry, MD 21541