Focus on Ferals
Spay/Neuter Assistance Program Application

All information associated with this application will be held in the strictest confidence.

Name _____ Telephone (h) _____

Address _____ (w) _____

_____

Age Group: Under 20 ___ 21-65 ___ Over 65 ___

Total Annual Income (before taxes) of all wage earners in home (check income range)

___ under $12,000
___ $12,000 to $25,000
___ $25,000 to $35,000
___ $35,000 and up

Employer(s) or source of income: _____

_____

Ages of dependents living at home: _____

Special circumstances limiting funds at this time (recent medical bills, unemployment, etc.)

_____

_____

Companion or Stray Animal Information: Cat, female ___ Cat, male ____

Age if known ___

Is any female pet for which surgery is intended either pregnant or nursing now? ___ Yes ___ No

Number of animals living with family _____

Number of animals that are spayed/neutered _____

Names of your current veterinarian _____

_____ Date: _____

Applicant's Signature (guardian must sign if applicant is under 16)

Return completed form to: savinglives@focusonferalstoday.com

If a voucher is awarded it must be received prior to any surgery scheduled.