



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**