



## Application for Assistance for Dog/Cat Spay or Neuter

To qualify for assistance for dog/cat spay or neuter, you must prove that you are receiving public assistance, have a single income of \$20,000 or less or a combined income of \$28,000 or less, have a special financial burden or be over 65 and on a fixed income. Proof of income must be included with application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Indicate how you qualify for assistance from Spay It Forward, Proof of income must be included with application:

- \_\_\_\_\_ **PUBLIC ASSISTANCE:** Attach a copy of proof of benefits letter from any and all of the following that you are currently receiving or have received in the last 12 months, i.e. DSS, Social Security Administration, Worker's Compensation, Unemployment Compensation, Veterans Administration, Medicaid or Cabarrus Health Alliance. *Please mark out all Social Security Numbers on the copies you include with this application.*
- \_\_\_\_\_ **LOW INCOME:** Include a copy of your last year's income tax return. *Please mark out all Social Security Numbers on the copies you include with this application.*
- \_\_\_\_\_ **SPECIAL FINANCIAL BURDEN:** Include a copy of your last year's income tax return and a description of the financial burden. *Please mark out all Social Security Numbers on the copies you include with this application.*

You are seeking assistance for:

\_\_\_\_\_ **Dog:**     Spay How many? \_\_\_\_\_ Pregnant  Yes  No If yes, how many? \_\_\_\_\_  Neuter How many? \_\_\_\_\_

\_\_\_\_\_ **Cat**

**Pet:**     Spay How many? \_\_\_\_\_ Pregnant  Yes  No If yes, how many? \_\_\_\_\_  Neuter How many? \_\_\_\_\_

**Feral/Untamed:**  Spay How many? \_\_\_\_\_ Pregnant  Yes  No If yes, how many? \_\_\_\_\_  Neuter How many? \_\_\_\_\_

**Pets:**

Name	Cat/Dog	Breed <small>(for dogs)</small>	Weight <small>(for dogs)</small>	Sex	Age	Vaccinations*
_____	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

\*Current Rabies, Distemper-Parvo, and Bordetella vaccinations are required for dogs. Required current vaccinations for cats are Rabies and Feline Distemper. Proof of vaccinations must be presented at the time of surgery. If proof of vaccinations is not presented, the animal must receive the required vaccinations at that time and the applicant will be responsible for the cost. Vaccinations are \$10.00 each. If you need assistance with the cost of vaccinations, eligibility will be determined by the information provided with this application. Pain meds and other costs are the sole responsibility of the applicant.

If you are seeking assistance in vaccination cost, please indicate how much. \_\_\_\_\_ How much can you contribute? \_\_\_\_\_

Does your pet/pets have a veterinarian?  Yes  No If so, who? \_\_\_\_\_

Is/are the animal/animals indoor or outdoor?  Indoor  Outdoor

Are there any other pets in the home that are not spayed or neutered? If yes, please list the animal/animals and their sex/seses. \_\_\_\_\_

**You must present a Photo ID at the time of surgery. Failure to do so will result in the cancellation of surgery.** Failure to complete this application or failure to include required information of eligibility will delay or possibly disqualify your application. ALL APPLICANTS WILL BE CONTACTED REGARDING APPROVAL/DENIAL



BY SPAY IT FORWARD ONLY. Allow 3-4 business days for application review. If approved, surgery and related fees will be paid directly to the attending veterinary clinic/hospital.

**Feral/untamed cats must have their ears tipped during surgery to indicate that the animal has been altered.** This enables one to determine that the animal has been altered and need not be trapped or taken for surgery. It is required that feral/untamed cats arrive for surgery in a trap. You must supply a carrier/crate for after surgery transport and recovery. Spay It Forward does not have traps and cannot provide trapping/recovery services.

**Approvals for *pets* must be used *within 6 months* of the approval date.**

**Please read the following carefully and sign**

I, \_\_\_\_\_, do not plan to give away or adopt out the animal(s) for which I am seeking assistance in this application. I have accurately reported and have provided proof of all income and financial assistance or services provided to me as to indicate eligibility for assistance for spay/neuter.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

In signing this application, I agree to hold Spay It Forward and its Board of Directors harmless in regards to any circumstances arising from this application for assistance and/or the information provided in this application.

Additionally, I understand that Spay It Forward has no responsibility for any services provided as a result of any grant being awarded through Spay It Forward.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

**Please mail this application and related materials to:  
Spay It Forward  
PO Box 1210 • Concord, NC 28026**

## What to Expect Before and After Surgery

*Please detach and keep this important information for your reference*

### **Before surgery:**

- Dogs and cats must be current on vaccinations.
- Food for all adult animals should be withdrawn by midnight the night before surgery.
- Fresh water should be available for the animals.
- Feral (wild) cats must be brought in humane traps, along with a recovery carrier.
- Feral and stray cats will be eartipped during surgery.
- All cats must be in either a trap or a carrier. Only one cat per carrier or trap.

### **After surgery:**

- Spaying and neutering is major surgery.
- The pet needs to be kept indoors and watched carefully.
- The pet may be wobbly, shivering, groggy, nauseous, glassy eyed and/or grouchy.
- Restrict activity for 7-10 days after surgery.
- The pet should be kept inside, warm in winter and cool in summer, clean and dry.
- Strenuous activity (running, jumping, playing) should be avoided.
- Recovery varies from animal to animal, but lethargy lasting more than 24 hours after surgery, diarrhea or vomiting is not normal and you should contact the attending veterinary clinic.
- If your pet is licking its incision, she/he will need an Elizabethan collar to prevent damage and infection. Elizabethan collars are available at CSNC, veterinary offices, and pet stores.