

CLINIC TO BE USED _____

CERTIFICATE NO. _____

PET NEUTERING & ADOPTION SERVICES, INC.

APPLICATION FOR ASSISTANCE

Your cost for the surgery is \$20.00 per Dog or \$15.00 per Cat which will be refunded if you are not eligible for the Pet Neutering & Adoption Services assistance program. You are responsible for the cost of vaccinations and/or certain tests or other procedures which may be required by the Participating Veterinary Clinics.

Send in this completed application, along with a self-addressed stamped envelope, and a money order (\$20.00 per Dog/\$15.00 per Cat) payable to Pet Neutering & Adoption Services, Inc. PERSONAL CHECKS WILL NOT BE ACCEPTED.

***PROOF OF INCOME MUST BE ATTACHED TO APPLICATION. PROOF OF INCOME CAN BE EITHER A COPY OF LAST PAY STUB OR COPY OF YOUR LAST FEDERAL TAX FORM.**

1. Your name _____ Age _____
Spouse or other adult's name _____ Age _____
Address _____ City _____ State _____ Zip _____
Telephone # () _____ Number living in household _____ / _____
(Adults) (Children)
2. Your Employer _____ Telephone # _____
Spouse or Other Adult's Employer _____ Telephone # _____
3. Yearly Income (before taxes)*: Applicant \$ _____ Spouse or other adult \$ _____
Total Yearly Household Income * _____
4. Pet's Name _____ Circle one: Cat or Dog Circle one: M or F
Pet's Age _____ Pet's Weight _____ Pet's Breed _____
5. Comments or remarks _____
(Use other side to continue comments)

RELEASE

I, the undersigned, do hereby release Pet Neutering & Adoption Services, Inc., its agents, principals, officers, directors and employees, and all other persons, from any and all claims, demands and suits of any kind whatsoever, resulting in any way from the spaying or neutering of my pet, including without limitation, the death, injury or loss of my pet, and do hereby agree to indemnify and save harmless Pet Neutering & Adoption Services, Inc., its agents, principals, officers, directors and employees, and all other persons, from any and all claims, demands, and suits against it resulting in any way from the foregoing activities.

I have read and understand this RELEASE

(Print your name)

(Your signature)

P.O. BOX 161 - DeMotte, Indiana 46310-0161 - (219) 987-PAWS (7297)