

Dear Pet Owner,

Please read the following information so you are aware of your responsibilities in using the Pet Neutering Assistance Program.

Using the Application for Assistance:

1. You will need to fill out the entire application(s) (one application per pet).
2. Enclose your proof of income. (i.e. recent tax return; a letter from Social Security stating income for each member in your household; most recent W-2's; or, a copy of a last pay stub.)
3. Enclose your money order and a self-addressed stamped envelope. (\$25 per cat / \$25 per dog) payable to P.N.A.S. NO PERSONAL CHECKS.
4. Failure to comply with #2 and #3 will only hold up the process of obtaining help.
5. If you are applying for multiple pets you may include them all in one envelope and submit just one money order covering all pets applying for.
6. We do not do "quick requests". Allow enough time for processing of your assistance applications.
7. We are now asking that you indicate on your Application for Assistance what veterinarian you plan to use. This is most important if you are planning on using Dr. Reed at the Weschester Animal Clinic in Porter, Indiana. Please indicate your choice in the area indicated, "clinic to be used". Failure to do so will delay the processing of your certificate and surgery refusal if you do not have the correct certificate.

Participating Veterinarian list:

1. Select a veterinarian from this list that you wish to use for your pet's surgery.
2. If you plan to use Dr. Reed's office (Weschester Animal Clinic in Porter) you must indicate that on your application.
3. If you plan on using the Animal Medical Center in Hebron, with Dr. Newson, you will be required to have all vaccinations done at his clinic. Failure to comply with this clinic's policy will deem your certificate invalid and will not be accepted (Please call the clinic to inquire about their policy.)
4. Once your application(s) have been reviewed and approved, a spay/neuter certificate will be mailed to you. This certificate will only be honored by a veterinarian who is listed on this list.
5. If you do not qualify for our spay/neuter assistance program, your money order will be returned to you, along with a \$30 discount certificate which can be used at any of the participating veterinarian's listed.

Spay/neuter certificate:

1. Upon receipt of a Pet Neutering spay/neuter certificate, you will need to contact the clinic you wish to use to make your appointments to have the surgical procedure done. IT IS YOUR RESPONSIBILITY TO CANCEL ANY APPOINTMENTS MADE. FAILURE TO DO SO COULD POSSIBLY RENDER YOUR SPAY/NEUTER CERTIFICATE INVALID.
2. Any spay/neuter certificate issued to you becomes your responsibility in safe-keeping. These certificates are what you have paid your \$25 for. Any certificate lost or misplaced WILL NOT be re-issued after three (3) months from the original issued date.
3. Pet Neutering only covers the cost for the spay/neuter. You are responsible for the cost of any exams, shots and tests. You can call the clinic you wish to use to inquire about your costs for any exams, shots or tests that are required by the clinic.

If you should have any questions about our program or filling out the application, please call (219) 987-7297 where someone is available to answer your questions.

Thank you for being a responsible pet owner.

**PET NEUTERING AND ADOPTION SERVICES, INC.**

**CLINIC TO BE USED** \_\_\_\_\_

CERTIFICATE NO. \_\_\_\_\_

**PET NEUTERING & ADOPTION SERVICES, INC.**

**APPLICATION FOR ASSISTANCE**

Your cost for the surgery is \$25 per Dog / \$25 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 (\$25 per Dog / \$25 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)

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