SPAY NEUTER ASSISTANCE PROGRAM OF GALLIA COUNTY

This is a nonprofit organization funded by personal donations and fundraisers. We do get funds from government sources. You must be a resident of Gallia County to apply for assistance. **Everyone is required to pay and the copay must be paid in advance. A prepayment card will be mailed to you.** We use French Town Veterinary Clinic and Riverbend Animal Clinic.

Name: _____

Actual Address **and** Mailing Address if Different (include city and zip code): _____

_____

Phone Number: _____

How much money do **you and any other people** in your household receive each month from **all** sources, including job, social security, disability, alimony, food stamps, child support, retirement, etc.? _____ Are you employed? _____
If yes, where? _____
How many people live in your house or apartment? _____

DOGS (Only list the dogs that you need spayed or neutered.)
Number of Males _____ Age of each one_____
Number of Females _____ Age of each one _____
Breed of each dog and approximate weight _____
_____
Have the dogs had any shots? _____ If yes, what? _____
Have they been to a vet? _____ If yes, where? _____
Do you keep the dogs inside or outside? _____
Where did you get each dog? _____
If you bought the dog, where did you buy it? _____

CATS (Only list the cats that you need spayed or neutered.)
Number of Males_____ Age of each one _____
Number of Females_____ Age of each one_____
Have the cats had any shots? _____ If yes, what? _____
Have they been to a vet? _____ If yes, where? _____
Do you keep the cats inside or outside? _____
Where did you get each cat?_____

Signature and Date_____

Return completed application to:

Spay Neuter Assistance Program
PO Box 86
Gallipolis OH 45631

This application was revised January 2018. All other versions will not be processed.