

Spay Neuter Assistance Program of Gallia County
You must be a resident of Gallia County to apply for assistance.

Name: _____

Address (include city and zip code): _____

Phone Number(s): _____

E-mail Address: _____

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 *(Please list only those animals in need of spaying or neutering.)*

Number of Males who need S/N _____ Age of each one _____

Number of Females who need S/N _____ Age of each one _____

Breed of each one _____

Is there any chance any of the females are pregnant? _____

Have the dogs had any shots? _____ If yes, what? _____

Do they get flea, tick or worm treatment? _____

Do you keep the dog(s) inside or outside? _____

Where did you get each dog? _____

If you bought the dog(s), where did you buy them? _____

CATS *(Please list only those animals in need of spaying or neutering.)*

Number of Males who need S/N _____ Age of each one _____

Number of Females who need S/N _____ Age of each one _____

Is there any chance any of the females are pregnant? _____

Have the cats had any shots? _____ If yes, what? _____

Do they get flea, tick or worm treatment? _____

Do you keep the cat(s) inside or outside? _____

Where did you get each cat? _____

Signature _____

Return completed application to:

Spay Neuter Assistance Program
PO Box 86
Gallipolis OH 45631

Note: We do not share your information with anyone.