

# APPLICATION FOR LOW COST SPAY/NEUTER FOR CATS

NAME (first/last) \_\_\_\_\_

STREET \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

PLEASE CHECK PUBLIC ASSISTANCE PROGRAMS YOU RECEIVE

FOOD STAMPS \_\_\_\_ MEDICAID \_\_\_\_ SSI \_\_\_\_\_

AID TO FAMILIES WITH DEPENDENT CHILDREN \_\_\_\_\_

RENTAL ASSISTANCE \_\_\_\_\_ FUEL ASSISTANCE \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ WOMEN, INFANT, CHILDREN (WIC) \_\_\_\_

UNEMPLOYMENT BENEFITS \_\_\_\_\_ OTHER PROGRAMS \_\_\_\_\_

IF YOU DO NOT PARTICIPATE IN ANY PUBLIC ASSISTANCE PROGRAMS PLEASE  
ENTER YOUR CURRENT TOTAL HOUSEHOLD TAKE HOME PAY:

PER WEEK \$ \_\_\_\_\_

ADDITIONAL HOUSEHOLD INCOME \$ \_\_\_\_\_

NUMBER OF HOUSEHOLD MEMBERS INCLUDING YOURSELF \_\_\_\_\_

HOW MANY FEMALE CATS DO YOU NEED SPAYED ? \_\_\_\_\_

HOW MANY MALE CATS DO YOU NEED NEUTERED ? \_\_\_\_\_

DOES YOUR CAT/S HAVE ANY HEALTH ISSUES ? \_\_\_\_\_

ARE YOUR CATS VACCINATED ? \_\_\_\_\_

I understand these services are for those who are financially limited. I certify the information on this application is true.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Proof of public assistance may be required. This application valid for 30 days.

Please e-mail thru our website or mail to Willy's Kitty Angels Rescue, P.O. Box 223, Dudley, MA 01571.