

Fix-A-Feline! Spay & Neuter Program Application

The Fix-A-Feline Program has been created for cat owners and caretakers with genuine financial need. To be eligible to receive a free spay/neuter certificate, please supply all of the information requested on this application. Mail to:

Fix-A-Feline
Cat Haven, Inc.
P. O. Box 86231
Baton Rouge, LA 70879-8231
fixafeline@cathaven.org

Cats to be spayed or neutered (limit 2 per request):

CAT ONE male female

Name _____ Age _____

CAT TWO male female

Name _____ Age _____

The financial information requested below will help us evaluate your request. All information will be considered confidential. Please print clearly:

Name _____ Phone _____ (hm) _____ (wk) _____ (cell) _____

Address _____ City _____ State _____ Zip _____

How many people are in your household? _____ How many animals are in your household? Dogs _____ Cats _____

Who is your current veterinarian? _____ Have you checked with your vet for a price quote on this surgery? Yes, the price was \$ _____ No

What amount of money (if any) can you afford to pay (per animal) toward the spay/neuter procedures? _____

Total Annual Household Income \$ _____

Please describe your financial situation, checking ALL applicable boxes:

- Own Home Rent Single Income Double Income
 Retired Medicaid SSI Unemployment Compensation
 Public Assistance Food Stamps Section 8 Aid to the Aged, Blind, Disabled
 Aid to Families with Dependent Children

Please add any other information that will help explain your need for funding:

If we are able to help you spay/neuter the animal(s) listed above, how many fertile animals will remain in your household?

How did you hear about this program? _____

I hereby certify that the foregoing information is true and correct and that I have not omitted anything that would make my application false or misleading. I have read and understand the attached information and instructions and agree to abide by them.

Your Signature _____ Date _____