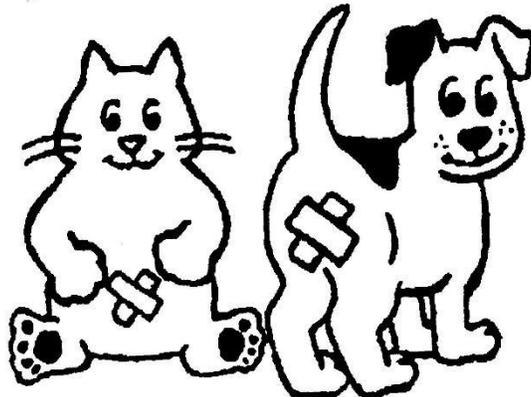


DO YOU NEED TO GET YOUR PET FIXED BUT CAN'T AFFORD IT?



ANIMAL HARBOR CAN HELP!

The Animal Harbor has a low-cost spay/neuter program for dogs and cats that belong to qualified low-income residents of Franklin County.

COST: \$25 for a Cat Spay and \$30-60 for a Dog Spay
\$20 for a Male Cat Neuter and Male Dog Neuter \$40-70

Female pets are given priority because of limited funding. Surgeries will be performed at Animal Care Center, Midtown Veterinary, and Town & Country Veterinary Hospital. Pets must have a current rabies shot or their owners must pay the vet's office for it. Owner will also be required to pay for a flea treatment if the pet is infested on the day of surgery.

To qualify for our program, you must demonstrate need by participating in any of the following programs: Food Stamps, SSI, SSD, VA Disability, Medicaid --- OR, proof of income below HUD limits for Franklin County (bring or copy tax return).

You may bring this application to Animal Harbor with your proof of income, ID, and co-pay.

**Animal Harbor
56 Nor-Nan Road
Winchester, TN 37398**

**FOR MORE INFORMATION,
PLEASE CALL ANIMAL HARBOR AT 962-4472.**



Animal Harbor SNAP (Spay/Neuter Assistance Program)

Application Form

Name _____

Address _____

City, State, Zipcode _____

Phone Number _____

I am applying for neuter assistance for a

- Female Male
- Dog Cat

Pet's Name _____

Pet's Age _____ Pet's Weight _____

Breed (or cat's hair length) _____

Color _____

Does your pet have a current Rabies Vaccination?

Yes No

Is your pet in heat, pregnant, or nursing?

Yes No

If a cat, is it a free roaming or community cat?

Yes No

____ Proof of income, such as an EBT card, income tax return, or a letter of assistance must be provided to qualify for this program.

____ I understand that I will be charged for a flea treatment if my pet is infested and that I will have to pay the vet for a rabies shot if I cannot provide proof that my pet is up to date.

____ If any money is owed to the vet's office for additional monitoring, medication, or testing AH will not cover those costs, and it will need to be paid before surgery.

____ I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I understand that I will forfeit my fee if I fail to keep my spay appointment unless I make alternate arrangements with the vet.

Signature of Applicant _____ Date _____

Take this form to the vet with you.

Drop off at vet between
7:30-8:00 am

No food or water past 8 pm the night before surgery.

\$_____ for a rabies vaccination

Identification Box
Animal Harbor
Use Only

Appointment Date: _____

Veterinarian: _____

Cash _____ Check _____ Card _____

AH Staff Signature:
