

**Holly's Place  
P.O. Box 455  
Lawrenceburg, KY 40342**

**Spay/Neuter Assistance Application** (*print and mail to above address*)

(also the Feral Cat Trap/Neuter/Release Assistance Application—these are separate programs and qualifications for each differ)

The following application is *required* in order to receive assistance in paying for a feline or canine spay or neuter. Please print legibly and return to the above address. Please understand that the personal information requested will allow us to decide how much assistance to give you per animal. This will make our spay/neuter fund go as far as possible, and hopefully decrease the number of animals euthanized in this county.

Name \_\_\_\_\_ Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

What is your *combined total* household income? \_\_\_\_\_

How many human dependents do you have? \_\_\_\_\_

How many animals do you have? \_\_\_\_\_

How many and which ones (m/f, cat/dog) still need to be spayed or neutered?

\_\_\_\_\_

If dogs, please list weight of each \_\_\_\_\_

How much money are you able to contribute toward the surgery? \_\_\_\_\_

If you are caring for a feral cat colony and doing TNR, where is the colony

located? \_\_\_\_\_

***If chosen to receive assistance, this document becomes a contract. By signing this document, you are certifying that the above information is accurate.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not write below this line; for internal use only.

Approved \_\_\_\_\_ Co-Pay Amount \_\_\_\_\_ Vet \_\_\_\_\_

Date Contacted by: post card \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Co-Pay Received Date \_\_\_\_\_ Vet Contacted Date \_\_\_\_\_

Notes \_\_\_\_\_