

**Spay/Neuter Assistance Request**  
**T-Town PAWS, Inc., 2705 Hospital Drive, Northport, Alabama 35476**  
**(205) 339-7074**

**CLIENT INFORMATION**

Are you the:  Owner  Foster Parent  
 Caregiver  Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Are you the sole wage earner in the family?  Yes  No  
 If No, what is the annual household income?  
 Less than \$10,000  \$10,000-\$20,000  \$20,000-\$30,000  
 \$30,000-\$40,000  Greater than \$40,000

**Check all that apply:**

Senior Citizen  Receiving Medicaid  
 Receiving Public Assistance  Other \_\_\_\_\_

Reason assistance is requested. (Must be filled out):

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE - ONLY ONE ANIMAL PER FORM. THIS IS A REQUEST FORM ONLY, NOT AN APPROVAL FOR A SPAY/NEUTER. RETURN THIS COMPLETED FORM TO T-TOWN PAWS, INC., 2705 HOSPITAL DRIVE, NORTHPORT, AL 35476. WHEN YOU RECEIVE A CERTIFICATE IN THE MAIL FROM US, THIS WILL BE YOUR OKAY FOR A LOW COST SPAY/NEUTER. FAILURE TO COMPLETE ENTIRE FORM COULD RESULT IN DISQUALIFICATION. A \$20 PROCESSING FEE MUST ACCOMPANY THIS APPLICATION. \*(SEE NOTE BELOW.) MAKE CHECKS PAYABLE TO T-TOWN PAWS, INC.**

**PET INFORMATION**

Dog  Cat Sex:  Male  Female  
 Age: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Color/Description: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Is your pet currently vaccinated for rabies?  
 Yes  No  Don't know  
 If yes, tag number \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Vaccinations (For Dogs): 6 in 1 \_\_\_\_\_ Bordetella \_\_\_\_\_  
 (For Cats): 4 in 1 \_\_\_\_\_  
 Pet owner's current veterinarian: \_\_\_\_\_  
 Did this animal ever give birth?  Yes  No  Don't know  
 If "yes," what happened to the litter? \_\_\_\_\_  
 Does this animal stay  inside  outside  
 Do you have a fence?  Yes  No  
 This animal was:  Found  Adopted from Metro Animal Shelter  
 From Another Shelter  A gift  Purchased  Other \_\_\_\_\_

**SURGICAL RELEASE AND AUTHORIZATION**

I, \_\_\_\_\_ (owner or authorized agent of owner), hereby request and authorize T-TOWN P. A. W. S., Inc., through whomever veterinarians and assistants they may designate, to perform an operation for the sexual sterilization of my animal. I understand that the operation presents some hazards and injury to, or death of the animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs used in providing this service. I certify that my animal is in good health and has had no food since 11:00 p. m. the evening prior to surgery. I understand that T-TOWN P. A. W. S., Inc., has the right to refuse service to any animal to which surgery is deemed a health risk. I understand that if my animal is not picked up by closing on the day of surgery, it will be boarded at my expense. I further understand that medication, supplies, or other services are not included and may incur additional expenses. I hereby release T-TOWN P. A. W. S., Inc., the veterinarians, assistants, volunteers, and all of its employees from any claims arising out of or connected with the performance of this operation or procedure. I agree that I have not or will claim any right of compensation from them, or any of them, or file any action by reason of such sterilization of such animal of any consequences related thereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_

**For Office Use Only:**

Date application received: \_\_\_\_\_ PAWS Voucher # \_\_\_\_\_  
 Date of approval: \_\_\_\_\_ Date of denial: \_\_\_\_\_  
 Reasons(s) for denial: \_\_\_\_\_  
 Initials of T-TOWN P. A. W. S., Inc., officer-processing request: \_\_\_\_\_

\* Due to our successful education of the public, we have been inundated with spay/ neuter requests. With this kind of demand, the Board of Directors of T-Town PAWS ask that each spay/neuter application submitted will have to be accompanied by a \$20 fee. We are trying to keep the fee as low as possible. This program is limited to only those who need financial assistance to have their pets altered. If you know of someone who needs our help, please pass this application on to them. Or if you have more than one animal, call (205) 339-7074 for additional assistance.