



# Pets In Need Action League (dba P.I.N.A.L.)

~ A 501c3 Nonprofit Corporation ~

## Spay/Neuter Assistance Application

**Thank you for taking the responsible step to spay or neuter your pet(s)!**

Our Spay/Neuter Assistance Program provides assistance to low-income residents of Pinal County only. Our funds are limited, so it is important that we serve those who are most in need. Therefore, qualification is **required\***.

**IMPORTANT - Applicant may apply only ONCE as adding future pets to one's household shows that Applicant is more than able to care for these new pets, including spay/neuter. We pay for surgery costs only; additional procedures, vaccinations, medications and supplies will be at the pet owner's expense.**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### There are two (2) ways to qualify\*:

a. **Check all that apply to your situation and enclose proof of participation in assistance programs:**

( ) Food Stamps ( ) WIC ( ) SSI ( ) Disability ( ) Unemployment ( ) AHCCCS ( ) Other \_\_\_\_\_

b. **OR**, to qualify without public assistance, answer the following questions and **enclose a copy (first page only)**

**of last year's Federal tax return of each adult in your household.** If you did not file taxes or your income has decreased since your last tax return, enclose note of explanation and best proof of income (W-2's, pay stubs, etc.):

- What is your gross household income? \_\_\_\_\_
- How many people in your household? \_\_\_\_\_

**[Please include a copy of your driver's license or latest utility bill – this must match address listed above. Also enclose proof of assistance as requested in a. or b. above, marking through any sensitive information such as social security numbers.**

**Processing will be delayed if either does not accompany this Application.]**

### Provide the following information for each pet to be spayed or neutered:

<u>Pet's Name</u>	<u>Cat/Dog</u>	<u>Breed/Color</u>	<u>M/F</u>	<u>Age</u>	<u>Weight</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Max of 4 pets per household.
- You must list the approximate weight of each pet or processing will be delayed. Minimum weight varies by vet – generally 2 pounds for a cat and 2-10 pounds for a dog.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this application, I certify the provided information is true & accurate. Further, I hereby release both P.I.N.A.L. and its source(s) from any liability arising from the service and further agree to indemnify and hold harmless P.I.N.A.L. and its source(s) against any and all damages, losses, claims, causes of action & suits of law or in equity or any obligation whatsoever arising out of or attributed to any action in connection with the service provided.*

- Mail completed application & photocopied documentation to: **P.I.N.A.L., PO Box 12813, Casa Grande AZ, 85130.**

**PLEASE NOTE – due to high demand, there may be an extended wait before we are able to schedule your pet(s).**

Questions? Please visit [www.pinalpets.org/qualification.html](http://www.pinalpets.org/qualification.html); contact us at **520-582-0299** or via email: [info@pinalpets.org](mailto:info@pinalpets.org).

Please contact the AZ Spay/Neuter Hotline at (866) 952-SPAY (7729) or visit [www.pinalpets.org/spay-neuter-resources.html](http://www.pinalpets.org/spay-neuter-resources.html) for information about spay/neuter programs available to those who do not qualify for our assistance or need help with feral cats.

FOR P.I.N.A.L. USE ONLY

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ via  EMAIL  LETTER  PHONE

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Revised 10/2016