

SNAP GRANT

**LUCE COUNTY PET PALS, INC
SPAY/NEUTER ASSISTANCE APPLICATION FOR COMPANION DOGS**

Luce County Pet Pals, Inc. is a non-profit 501(c)(3) organization. We provide individuals and their families, living in the Luce, Schoolcraft, West Mackinac, Eastern Alger and Western Chippewa County area; with spay/neuter assistance for their companion dogs. Luce County Pet Pals, Inc. is able to provide this assistance based on funds awarded from a grant. **DOGS ADOPTED FROM AN ANIMAL SHELTER OR IN FOSTER CARE ARE NOT ELIGIBLE FOR ASSISTANCE UNDER THE TERMS OF THIS GRANT.**

Luce County Pet Pals, Inc, asks that each individual/family pay a portion of the spay/neuter costs for each surgery if possible. Do you feel you can afford to make a co-payment at this time? If so, indicate amount _____.

Please fill out this application **completely.**

Name _____
Address _____
Home phone number _____
Work number _____

Once you are approved, you will receive instructions on who to contact for an appointment. Please do not send any money to us. Present any co-payment you may be making directly to the veterinarian. The payment voucher is for anesthesia, surgery and pain medication only. Other veterinary expenses are not covered i.e.: vaccinations, flea treatment, etc.

Dog #1 Information

Dog's name _____ Age _____ Male _____ Female _____

breed _____ color _____ license # _____

tattoo _____ microchip # _____

Where did you get your dog? _____

How long have you had your dog? _____

Approximate weight _____ pounds (Please be as accurate as possible.)

If female, is the dog currently pregnant? Yes _____ No _____ not sure _____

Vaccination Dates: distemper _____ rabies _____ vet clinic _____

Does your dog have any health problems? _____

PLEASE SIGN AND DATE ON BACK OF APPLICATION

Dog #2 Information

Dog's name _____ Age _____ Male _____ Female _____

breed _____ color _____ license # _____

tattoo _____ microchip # _____

Where did you get your dog? _____

How long have you had your dog? _____

Approximate weight _____ pounds (Please be as accurate as possible.)

If female, is the dog currently pregnant? Yes _____ No _____ not sure _____

Vaccination dates: distemper _____ rabies _____ vet clinic _____

Does your dog have any health problems? _____

READ THIS BEFORE YOU SIGN: I agree to indemnify, hold harmless and release Luce County Pet Pals, Inc. and all participating veterinarians, employees and volunteers from and against all action claims, damages, disabilities, or expenses, including attorney's fees and witness costs that may be asserted by any person or entity, including myself, arising out of or in connection with the care, treatment, surgery or safe keeping of the animal(s). Further, I understand that it is not possible for you to guarantee that any medical or surgical procedure will be successful and without complication. I hereby affirm that all information in this application is true and correct. I am applying for assistance for my own dogs only. I understand that all information will remain confidential.

Signature: _____ **Date:** _____

**Please mail to: Luce County Pet Pals, Inc
PO Box 345
Newberry, MI 49868**