



Animal Spay/Neuter Assistance Application City of Lubbock Residents ONLY
PLEASE READ THIS FORM CAREFULLY AND LIST ALL REQUESTED INFORMATION.

Applicant Name: _____
 (Please print clearly)

Current Physical Address: _____ Zip: _____ Phone #: _____

NOTE: NO P.O. BOX NUMBERS, NOR BUSINESS ADDRESSES ACCEPTED

****List ALL Household Members And Money received from jobs, S.S., parents, student loans, food stamps retirement income, rental property Or other sources for each person living at this address.**

(Including applicant)

Last Name	First Name	Age	Monthly Income	Source of Income	Student <input type="checkbox"/>
Total Monthly Income					

- Total Number of Household residents _____ (Include Yourself, Spouse, Roommate, Children, others)

Total anticipated **annual (monthly x 12)** household income: \$ _____

** (list income before any deductions) **

CERTIFICATION: * YOU MUST BE A RESIDENT OF THE CITY OF LUBBOCK*****

NOTE: QUALIFICATION IS BASED ON GOVERNMENT INCOME GUIDELINES.

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Signature of Applicant

Date

You may be asked to provide a copy of previous year's tax return or certification of other types of assistance.

***CERTIFICATES ARE FOR SPAYING & NEUTERING ONE HOUSEHOLD FAMILY PET OWNED BY LUBBOCK CITY RESIDENTS. *STRAY, FERAL, RESCUE, FOSTER OR ANIMALS FOR SALE DO NOT QUALIFY.**

***** NO REIMBURSEMENT FOR PREVIOUSLY SPAY/NEUTERED PETS. ******

PLEASE COMPLETE THIS FORM AND RETURN TO ANIMAL SERVICES, 3323 SE LOOP 289, LUBBOCK TX 79404

If you qualify for assistance ACCORDING TO GOVERNMENT INCOME GUIDELINES, A Spay/NEUTER CERTIFICATE will be sent to you by mail. **** PLEASE, ONE APPLICATION PER HOUSEHOLD OR PERSON. *****

THIS FORM IS NOT TO BE COPIED NOR DUPLICATED IN ANY MANNER EXCEPT BY ANIMAL SERVICES STAFF

For use by Lubbock Animal Services:		
Household Size: _____	Annual Income: _____	Certificate #: _____
Income Limit: _____	Is Applicant Eligible: _____	
Person Making Determination: _____		Date: _____

Please complete the backside of this document.

PLEASE PRINT ALL ANIMAL INFORMATION

Dog Info: Breed or Breed it looks most like: _____

(NOTE: MUST HAVE BREED LISTED, MIX IS NOT A BREED)

Please circle one: **Male** **Female**

Pet's Name: _____ Pet's Age: _____

Color & markings of Pet: _____

(Brindle is a marking not a color)

Current **rabies** vaccination? **Please Circle One:** Yes No

IF CURRENT: Name and City of veterinarian **OR** clinic where your pet was last given vaccinations: _____

Cat Info: Breed **OR** choose hair type listed below: _____

Please Circle one: Short hair Medium hair Long hair

Please Circle one: **Male** **Female**

Pet's Name: _____ Pet's Age: _____

Color & markings of Pet: _____

(Calico and Tabby are markings, not colors)

Current rabies vaccination? **Please Circle One:** Yes No

IF CURRENT: Name and City of veterinarian **OR** clinic where the pet was last given vaccinations: _____

☺ NOTE: YOUR PET MUST BE FOUR MONTHS (16 weeks) OR

OLDER BEFORE YOUR APPLICATION WILL BE PROCESSED.

★ PLEASE CIRCLE HOW YOU HEARD ABOUT THE PROGRAM:

VET FRIEND ONLINE NEWSPAPER RADIO/TV ANIMAL SHELTER
RESCUE GROUP OTHER: _____

(please explain)