



Mail Application To:

Northern Chautauqua Canine Rescue
7540 North Gale Street
Westfield, NY 14787

(716) 326-7297

Email: niptuckfund@gmail.com

Spay-Neuter Assistance Application

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Dogs in need of spay or neuter

Dog's Name _____ M/F _____ Age _____ Weight _____ Breed _____

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Are your pets up to date on vaccinations? **Rabies** () Yes () No **DHLPP** () Yes () No

Name of your current Veterinarian _____

Please provide proof of immunizations.

Income Eligibility

Your total current household income (gross) \$_____ (please indicate weekly, bi-weekly, monthly)

How many people are supported by this income? _____ Do you own or rent? _____

Other public assistance you receive (circle all that apply):

Food Stamps Medicaid Social Security SSI WIC Unemployment Utility Assistance None

Please provide a copy of your most recent W-2 or Income Tax Return.

How much can you contribute to your dog's spay or neuter surgery? \$_____

I understand that the Nip & Tuck Spay-Neuter Program is for low income pet owners only. I certify that the information on this application is accurate.

Applicant's Signature _____ Date _____