



**Mail completed form to  
Friends of the Shelter  
PO Box 93  
Union, KY 41091**

**Friends Don't Let Friends Have Litters  
Spay / Neuter Program**

*Program funded by Friends of the Shelter, Inc.*

(Please Print)

Date: \_\_\_\_\_ e-mail \_\_\_\_\_

Pet Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Owner Address: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species Cat/Dog/Other \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ Weight Est.: \_\_\_\_\_ Pregnant: Y / N

Friends of the Shelter offers assistance to pet owners in the Northern Kentucky area who may be unable to pay for spay/neuter services for their companion animals. This program does not have current income restrictions although we would ask that those who can afford to pay their veterinarians/clinics full cost for surgery will do so and allow us to use these limited funds for those who would otherwise be able to access this important service. We do need to collect information about family income for those who access this program in order to apply for grants which partially fund this service. Please indicate your family income by checking the appropriate category.

My family income is:

- ☐ less than \$30,000; or
- ☐ between \$30,000-\$50,000; or
- ☐ between \$50,000-\$70,000; or
- ☐ over \$70,000 or
- ☐ my family qualifies for welfare, food stamps, assisted housing or other similar financial assistance programs administered by governmental or private nonprofit charitable organizations.

*Pet Owner Affidavit:* I certify that at least one of the above phrases describes my personal household financial circumstances, to the best of my knowledge.

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

Please indicate your request by checking any of the following that apply:

- ☐ I am requesting a voucher to assist with the cost of spay/neuter at \_\_\_\_\_ veterinary clinic. (Selecting this option will probably result in your highest out of pocket expense)
- ☐ I have no preference for veterinarian/clinic.
- ☐ I can afford to pay \$\_\_\_\_\_ for spay/neuter services.

**Do not complete below line**

Assigned to \_\_\_\_\_ clinic Applicant contribution \$ \_\_\_\_\_

Grant \_\_\_\_\_ Processed by: \_\_\_\_\_ Date \_\_\_\_\_