

ERIE SPAY NEUTER INCENTIVE PROGRAM APPLICATION

(FOR CATS ONLY)

PLEASE CLEARLY PRINT THE FOLLOWING INFORMATION

Your Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate # _____

Cat's Name _____

Short Hair / Long Hair Male / Female

Color _____ Age _____

The following questions are for statistical purposes only. Answers will not affect your eligibility. This information will be kept confidential.

How did you learn about this program?

How many animals are in your household? _____ Cats _____ Dogs
_____ Other

How many people are in your household? _____

If you receive public assistance, circle any that apply. SSI Disability Food stamps Subsidized housing

What is the total household income? Less than \$18,000

\$18-30,000

\$30-55,000

*Please note this program is intended for those with **true financial need, those caring for an outdoor colony, or those with barn cats.** If your income is greater than \$55,000, please explain your need and you may be considered.

*Program funding is limited, so any donation you can make will allow more cats to be spayed and neutered. Donations can be sent with this application and will go directly into the program fund. Contributions are NOT tax deductible. Make checks payable to: **Erie Spay Neuter Incentive Program.**

Send this application and any donation to:

Erie Spay Neuter Incentive Program P.O. Box 3231 Erie, PA 16508.

A voucher will be sent back to you at the address you provided above, and will be valid for 3 months. The voucher will include more details and a list of participating veterinary hospitals to contact for scheduling. Thank you for joining the effort to control animal overpopulation and help save lives.