



Low cost spay and neuter application

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dmchs.lowcost.spayneuter@gmail.com

Owners' information

Name _____ Primary Number _____

Address _____ City _____ Zip _____

Second Owner _____ Phone Number _____

Address _____ City _____ Zip _____

Household information

How many adults in the home _____ Children _____

Last year's annual income _____ Please provide a copy of last year's W2.

Do you receive WIC or any other assistance.

Are you on Disability.

Are you on a fixed income.

Pet information

How many pets are in the home please list: _____

How many pets are you wanting fixed _____

Pets name _____ age _____ M/F _____

How long have you had this animal _____

Pets name _____ age _____ M/F _____

How long have you had this animal _____

Pets name _____ age _____ M/F _____

How long have you had this animal _____

Vet Information

Primary Vet _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Are your pet's vaccines up to date Yes No

Has your pet ever been tested for Heartworm Disease? (Dog) Yes No

Has your pet ever been tested for FIV/FeLV? (Cats) Yes No

Has your pet ever been diagnosed with a heart murmur? Yes No

Has your pet ever had a seizure? Yes No

Does your pet have any skin issues? Yes No

Does your pet have any medical conditions such as vaccine reactions, allergies, drug interactions, heart conditions, etc.? If yes, please explain:

Does your animal take any medications? Please list:

Is your animal on any monthly heartworm or flea & tick prevention? Yes No

Would your animal be considered overweight for their breed? Yes No Weight _____

Has your animal bit anyone in the last 10 days? Yes No If yes, please explain:

Signature _____ Date _____