



Low cost spay and neuter application

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dmchs.lowcost.spayneuter@gmail.com

Owners' information

Name _____ Primary Number _____

Address _____ City _____ Zip _____

Email _____

Second Owner _____ Phone Number _____

Address _____ City _____ Zip _____

Household information

How many adults in the home _____ Children _____

Last year's approximate annual income _____ Please provide proof.

☐ 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 _____ Species: ☐ Dog ☐ Cat

Pets name _____ age _____ M/F _____

How long have you had this animal _____ Species: ☐ Dog ☐ Cat

Pets name _____ age _____ M/F _____

How long have you had this animal _____ Species: ☐ Dog ☐ Cat

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 _____