



Spay/Neuter Subsidy Program APPLICATION

Department of Code Compliance/Animal Services Division

1818 N. Westmoreland Rd. Dallas, TX 75212

Phone (214) 670-8246

Fax (214) 243-1853

APPLICANT INSTRUCTIONS:

- You must be approved before Surgery
- Send this application with documentation to verify public assistance to above address
- If you are not on one of the programs below, call (214) 670-8246

VETERINARIAN INSTRUCTIONS:

- Veterinarian must be participating in the program
- Applications must be pre-approved by Program staff

Any falsification of information shall be subject to an administrative fine.

PART 1 – CLIENT/PET INFORMATION

PLEASE PRESS DOWN HARD WITH BALL POINT PEN

NAME OF PET OWNER (LAST, FIRST M.I.)	HOME TELEPHONE NUMBER
MAILING ADDRESS CITY & STATE ZIP CODE	SOCIAL SECURITY# / CASE#

PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY

- | | |
|--|--|
| _____ 1. Social Security Disability Program | _____ 5. Medicare Program |
| _____ 2. Supplemental Security Income Program | _____ 6. Temporary Assistance for Needy Families |
| _____ 3. Aid to Families with Dependent Children | _____ 7. Social Security Survivors Program |
| _____ 4. Able, Disabled & Blind Program | |

YOU MUST SEND PROOF OF YOUR ELIGIBILITY WITH THIS APPLICATION

Acceptable verification can include a copy of a Notice of Decision, Statement of Benefits, Medicaid card or computer print out from the Texas Work Force.

TYPE OF PET _____ Female Dog _____ Male Dog _____ Female Cat _____ Male Cat			
NAME OF PET (ONE PER APPLICATION)	BREED	WEIGHT	AGE

I HEREBY CONSENT TO THE PRE-SURGICAL IMMUNIZATION, IF REQUIRED, AND SPAYING/NEUTERING OF THE PET DESCRIBED ABOVE, AND ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

BY SIGNING BELOW I ALSO, AUTHORIZE THE TEXAS WORKFORCE AND/OR THE SOCIAL SECURITY ADMINISTRATION TO RELEASE INFORMATION REGARDING MY CURRENT ELIGIBILITY IN THE ABOVE PROGRAMS TO THE CITY OF DALLAS SPAY/NEUTER SUBSIDY PROGRAM.

SIGNATURE OF PET OWNER _____

DATE _____

PART 2 – CERTIFICATION BY PROGRAM ADMINISTRATOR

SIGNATURE OF ADMINISTRATOR OF SPAY/NEUTER SUBSIDY PROGRAM _____

DATE _____

PART 3 – VETERINARIAN INFORMATION, TO BE COMPLETED BY HOSPITAL

HOSPITAL/CLINIC NAME _____

PHONE NO. _____

BUSINESS ADDRESS _____

VACCINES GIVEN _____

DATE GIVEN _____

DATE SPAYED/NEUTERED _____

VERIFICATION OF CURRENT CITY REGISTRATION (Y/N) _____

OWNER PAID COST FOR CITY REGISTRATION _____

I HEREBY ATTEST THAT NEUTERING AND IMMUNIZATION OF THE ABOVE ANIMAL WAS CARRIED OUT AS RECORDED _____

SIGNATURE OF VETERINARIAN PERFORMING SURGERY _____

DATE _____

SIGNATURE OF PET OWNER AUTHORIZING SURGERY _____

DATE _____

Expiration Date: _____
Council District _____