



**Protective Animal Welfare Society of Western WI**

719 150th St \* Roberts \* WI \* 54023

www.pawswi.com \* 715-808-4384 \* [pawssnprogram@gmail.com](mailto:pawssnprogram@gmail.com)

***PAWS of Western WI only assists with the cost of Spay/Neuter surgery.  
You and your pet must be a resident of St. Croix, Pierce, or Polk county.***

Fill out and send this completed application with proof of eligibility to the above address. We will respond to your application within 30 days of receipt. Upon approval of this application, you will be sent a voucher and a list of participating veterinarians. *You must be issued a voucher before the time of surgery. Your signature is required in Section 3.*

**Section 1 Client / Pet Information** (please print)

Your Name:

Address:

City:  WI Zip

Home Phone:  Cell:

Email:

Pet's Name:  Cat  Dog  Female  Male

Breed:  Age:  Weight

Color/Markings:

Is this pet up to date on Rabies vaccination?  No  Yes - provide proof at time of surgery

**Section 2 Eligibility Information**

To be considered for PAWS assistance you must provide proof of participation in one of the following programs by sending a **copy** of the appropriate document along with this application.

**\* Black out any Social Security and/or Drivers License numbers before sending to us. \***

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> WI Welfare   | <input type="checkbox"/> SSI Social Security Income  | <input type="checkbox"/> SSD Social Security Disability                 |
| <input type="checkbox"/> WIC Women, Infants Children Supplemental Nutrition Program | <input type="checkbox"/> FoodShare                   | <input type="checkbox"/> SNAP Supplemental Nutrition Assistance Program |
| <input type="checkbox"/> Section 8 Housing  | <input type="checkbox"/> CSFP Commodity Supplemental | <input type="checkbox"/> Medicaid                                       |
| <input type="checkbox"/> TEFAP The Emergency Food Assistance Program                |  |   |
| <input type="checkbox"/> Family Hardship  | Explain _____  |   |

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### **Section 3 Signature of Pet Owner**

In order for PAWS of Western WI to assist people who cannot financially afford to have their pet altered, we ask that you sign and date the declaration below.

I understand I will be responsible for any additional medical costs including Rabies vaccination

I understand that my application may be denied without explanation by PAWS of Western WI.




I understand that PAWS spay/neuter assistance is based on available funds.

I attest that all of the information provided in this application is accurate.

**Signature of Pet Owner:**

**Date Signed:**

***This application is valid only if it includes:***

-  *Completion of ALL applicable boxes*
-  *Copies of required documentations with **blacked out** Social Security and/or Drivers License numbers. (PAWS WILL NOT ACCEPT ORIGINALS.)*
-  *Pet owner's signature and date*

*We rely on donations and volunteers to stretch our dollars to help as many qualifying family pets as possible. Every dollar adds up. Volunteering is vital to our success.*

*Please consider giving in some way. Thank you.*

**NO I do not want wish to donate at this time**

**Yes I wish to donate at this time**  
\$ \_\_\_\_\_ *is enclosed*

**NO I am not interested in volunteering**

**YES I am interested in volunteering for:**

Foster home for:  Dog or Pup     Pregnant dog     Litter pups  
 Cat or Kitten     Pregnant cat     Litter kittens

Fundraisers:     Garage Sale     Bake Sale     Dog Walk     Dog Wash  
 Raffles     Santa Paws     Mailings     Adoption Awareness Events  
 Donation cans     Brochure racks

Speaking Engagements Interviews:  Adult Groups     Kid Groups     Public TV/Newspapers

Love on a Leash Program:     Schools     Libraries     Retirement Homes     Hospitals

Other:     Grant Writing     Newsletters     Web Surfing

*Fundraising ideas are always welcome. Contact PAWS at 715-410-7653*