



Protective Animal Welfare Society of Western WI


www.pawswi.com * 715-410-7653 * pawssnprogram@gmail.com

S/N Applications only Mail to: C/O

PAWS S/N Program, 767 Kaly Road, Hudson, WI 54016

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 and **\$30 per pet** (see  on page 2) to the above address. We will respond to your application within 10 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

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, account #'s and/or Drivers License numbers before sending to us.** *

- WI Welfare
- SSI Social Security Income
- SSD Social Security Disability
- WIC Women, Infants Children Supplemental Nutrition Program
- FoodShare
- SNAP Supplemental Nutrition Assistance Program
- Section 8 Housing
- Medicaid
- TEFAP Emergency Food Assistance
- Family Hardship Explain

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 your name on it. Black out SSN, account # or Drivers License # if on it. Do not send originals.

Enclose \$30 per pet (cash, money order, or credit card on our website www.pawswi.com—click on **Litter Busters Link**) If you do not qualify, your dollars will be refunded. If you have more than 2 pets call 715-410-7653 first to discuss. ***WE DO NOT ACCEPT PERSONAL CHECKS!***

Pet owner's signature _____ ***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 \$** _____

How did you hear about PAWS _____

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: Bake Sale Dog Wash- Garage Sale
 Raffles Santa Paws Mailings Adoption Awareness Events

Speaking Engagements Interviews: Adult Groups Kid Groups

Other: Grant Writing Newsletters Web Surfing

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