

## SPAY NEUTER ASSISTANCE PROGRAM OF GALLIA COUNTY

This is a nonprofit organization funded by personal donations and fundraisers. You must be a resident of Gallia County to apply for assistance. **Everyone is required to pay, and the copay must be paid in advance. A prepayment card will be mailed to you.** We use French Town Veterinary Clinic for dogs (up to 49 pounds) and cats, and Kirkpatrick Animal Hospital for cats and dogs that are any weight.

Name: \_\_\_\_\_

Actual Address **and** Mailing Address if Different: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

How much money do **you and any other people** in your household receive each month from **all** sources, including job, social security, disability, alimony, food stamps, child support, retirement, etc.? \_\_\_\_\_

How many people live in your house or apartment? \_\_\_\_\_

**DOGS (Only list the dogs that you need spayed or neutered. French Town Veterinary Clinic only spays or neuters dogs up to 49 pounds, and Kirkpatrick Animal Hospital will spay or neuter at any weight.)**

Number of Males \_\_\_\_\_ Age, breed, and weight of each one \_\_\_\_\_

Number of Females \_\_\_\_\_ Age, breed, and weight of each one \_\_\_\_\_

If you are unsure of your dog's weight, please take it to a vet and have it weighed.

Have the dogs had any shots? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Have they been to a vet? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Do you keep the dogs inside or outside? \_\_\_\_\_

Where did you get each dog? \_\_\_\_\_

If you bought the dog, where did you buy it? \_\_\_\_\_

**CATS (Only list the cats that you need spayed or neutered.)**

Number of Males \_\_\_\_\_ Age of each one \_\_\_\_\_

Number of Females \_\_\_\_\_ Age of each one \_\_\_\_\_

Have the cats had any shots? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Have they been to a vet? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Do you keep the cats inside or outside? \_\_\_\_\_

Where did you get each cat? \_\_\_\_\_

Signature and Date \_\_\_\_\_

Return completed application to:  
Spay Neuter Assistance Program  
PO Box 86  
Gallipolis OH 45631

**This application was revised July 2023. All other versions will not be processed.**