

Prevent Homeless Pets



Spay & Neuter Clinic

PHP provides low-cost spays and neuters for both dogs and cats. Our service is limited to two designated groups.

Group 1: Rescues, Shelters, and Caregivers. Caregivers are persons who provide food and water for feral/stray animals living in a colony (group).

Group 2: Pets of "low-income" households.

If you believe your household would qualify as a "low-income" household, please fill out this application and submit the completed form to our offices or email it to us at the email address listed below. Information will be verified.

Appointments will be scheduled AFTER your application has been approved.

Prevent Homeless Pets (PHP)
812 Della Avenue
Benton City, WA 99320
509-497-1133
Preventhomelesspets@gmail.com

A 501c(3) nonprofit

Please complete the following form.

Print Your Name _____

Print Your Street Address _____

City _____

State _____

Zip _____

Your Phone Number _____

Your Cell Number _____

Print Your Email Address _____

How many people are currently living in your household? Adults: _____ Children: _____

Total household income - monthly or annually; indicate which _____

Please check any assistance you or **anyone currently living in your home** is receiving.
(Information will be verified)

- | | |
|--|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Section 8 Assistance |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Major VA Disability |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Subsidized Housing |
| <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> SSD/SSI | |

Do you have reliable transportation to get to and from your veterinary appointment? Yes No
Do you currently have, or have you in the past 5 years visited, a local veterinarian? Yes No
If yes, what is the name of the veterinary clinic? _____

Please check the information that applies to your pet(s). One line per pet.

- | | | | | |
|------------------------------|--|--|------------|---|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Spay (female) | <input type="checkbox"/> Neuter (male) | Age: _____ | Approximate weight of the animal: _____ |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Spay (female) | <input type="checkbox"/> Neuter (male) | Age: _____ | Approximate weight of the animal: _____ |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Spay (female) | <input type="checkbox"/> Neuter (male) | Age: _____ | |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Spay (female) | <input type="checkbox"/> Neuter (male) | Age: _____ | |

Release of Authorization

I certify all statements made in this application are true, complete, and correct to the best of my knowledge, and that any **misrepresentation or omission** shall be considered sufficient cause for **disqualification** of assistance.

I authorize your agency to contact any sources necessary to establish accuracy of the information given by me. I also certify that the pet(s) receiving surgery is/are my own and I am the legal owner of the animal(s).

I understand that completing this application does not guarantee my pet will be provided assistance through this program and participation is at the discretion and approval of Prevent Homeless Pets.

Signature _____

Date _____