

# It's a WIN, WIN, WIN situation!

## Application for Low Cost Spay/Neuter Assistance Program

(please print neatly and clearly)

### YOU WIN, because:

- You will save money
- The application procedure is easy and less restrictive than some other programs
- You will have the satisfaction of knowing you are not contributing to the kill rates at area shelters

### PETS WIN, because:

- His/Her desire to roam to find a mate will be eliminated
- Spay/Neuter is healthy
- Behaviors associated with finding a mate - such as aggression, spraying, fighting and howling- will be removed or lessened

### THE COMMUNITY WINS, because:

- The number of unwanted animals languishing and dying in shelters is reduced
- The number of feral cat colonies and feral dog packs struggling for survival is lowered
- Tax monies could potentially be redistributed to other municipal benefits

#### STEP ONE: APPLICANT'S INFORMATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Current employer: \_\_\_\_\_ Position: \_\_\_\_\_

#### STEP TWO: PET INFORMATION (attach a separate sheet of paper to include more than 3 pets)

1.  CAT  DOG  other: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_ Sex: M  F  Weight: \_\_\_\_ lbs.

2.  CAT  DOG  other: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_ Sex: M  F  Weight: \_\_\_\_ lbs.

3.  CAT  DOG  other: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_ Sex: M  F  Weight: \_\_\_\_ lbs.

#### STEP THREE: FEES ARE LISTED BELOW. ENCLOSE A CHECK TO "THE OASIS ANIMAL SANCTUARY, INC." IN THE AMOUNT DUE FOR EACH ANIMAL TO BE STERILIZED.

CAT(s):

DOG(s):

Male \$20

49 lbs and under:  Male \$50  Female \$80

Female \$35 50 lbs and over:  Male \$70  Female \$100

Please call us at 856-284-6311 for fee amounts to sterilize ferrets, rabbits, guinea pigs and other animals.

#### STEP FOUR: FEDERAL INCOME TAX FORM

Attach a copy of your most recent federal income tax return (Form 1040EZ, Form 1040A, Telefile Tax Record, or page 2 of Form 1040). For your protection, please black out your social security number. If you cannot include this document, please explain why: \_\_\_\_\_

#### STEP FIVE: READ AND SIGN BELOW (must be at least 18 years of age)

All fees must be paid to The Oasis Animal Sanctuary, Inc. **BEFORE** surgery. The Oasis Animal Sanctuary, Inc. ONLY covers the office visit and the actual surgery. All costs for additional services are the responsibility of the owner/caretaker. I understand that The Oasis Animal Sanctuary, Inc. needs to verify my financial qualifications for their low cost spay/neuter assistance program. A copy of my most recent federal income tax return is attached. I recognize that The Oasis Animal Sanctuary, Inc. agrees to use this financial information, provided by me, **ONLY** for the purpose of verifying qualification for this program.

Signature of Pet Owner: \_\_\_\_\_

**YOU'RE DONE!** MAIL THIS SIGNED APPLICATION, A COPY OF YOUR FEDERAL INCOME TAX FORM AND PAYMENT TO: **The Oasis Animal Sanctuary, 698 Central Avenue, Franklinville, NJ 08322**