

Arkansas Animal Rescue Foundation

PO Box 659
Dover, AR 72837

Application for Low Cost Spay/Neuter Program

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Driver's License #: _____ State: _____

How many in family? Adult: _____ Children: _____

Annual Household Income: _____

Species: Dog or Cat Sex: Male or Female Age: _____

If female, is the animal: In Heat or Pregnant

If cat, do you have access to a carrier: Yes No

Please return this form to the above address. If approved, you will receive a list of participating veterinarians and a coupon for \$40.00 off the cost of a cat spay, \$20.00 off a cat neuter, \$50.00 off a dog spay, or \$40.00 off a dog neuter.

I swear/affirm that these answers are true and correct to the best of my knowledge.

Signature: _____ Date: _____