



Capital Area Animal Welfare Society  
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## Questionnaire for application for free Spay

Filling out this application does not guarantee you a free spay. CAAWS reserves the right to choose the applicants that they feel are in the most need of a free spay.

Owner's Name \_\_\_\_\_ Dog's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Is this dog your personal pet? \_\_\_\_\_ if no, please explain \_\_\_\_\_

How is the dog confined to your property as is required by law? \_\_\_\_\_

What is your family monthly income? \_\_\_\_\_  
How many family members live in your household? \_\_\_\_\_  
Would you get your dog spayed without a free spay? \_\_\_\_\_  
If no, please explain \_\_\_\_\_

Is your dog current on vaccinations? \_\_\_\_\_  
If shots are not up to date, can you get your dog vaccinated? \_\_\_\_\_  
If no, please explain \_\_\_\_\_  
Are you willing and able to take your dog into the vet within the next 30 days to be spayed, which is when the coupon will expire? \_\_\_\_\_  
Which vet, if any, do you normally use? \_\_\_\_\_  
What is the approximate age & breed of your dog? \_\_\_\_\_  
Is your dog currently in heat or pregnant? \_\_\_\_\_  
If your dog is pregnant do you know how far along she is? \_\_\_\_\_  
Do you realize that if your dog is pregnant and you opt to spay her while she is pregnant this will result in her litter being aborted? \_\_\_\_\_  
Is there any reason your dog has not already been spayed? \_\_\_\_\_

\*\*\*\*\*If your application was not chosen for the particular month it was filled out, please reapply next month (as close to the first of the month as possible) as you may not have been chosen only because five spays were already issued for this particular month. In order to be considered for a new month you MUST submit another questionnaire.

\*\*\*\*\*If your application is chosen you MUST staple a copy of your driver's license to the spay coupon to be submitted to the vet's office or the coupon will be null and void.

I certify, that the above information is true and correct to the best of my knowledge. I have read and understood the following questionnaire and wish to proceed with my application. I realize there are risks associated with anesthesia and I agree to not hold CAAWS or its vets responsible for any complications that occur due to anesthesia.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_