



Adopt A Boxer Rescue
PO Box 270551
West Hartford, CT 06127
Info@AdoptABoxerRescue.com
Toll Free: 877 570 0360

APPLICATION FOR DISCOUNT SPAY/NEUTER

PLEASE PRINT ALL INFORMATION.

FIRST NAME: _____ LAST NAME: _____

EMAIL ADDRESS: _____

SPOUSE'S NAME: _____ . LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

EMPLOYER'S NAME, ADDRESS, PHONE: _____

SPOUSE'S EMPLOYER'S NAME, ADDRESS, PHONE: _____

*YEARLY COMBINED INCOME: _____ NUMBER OF DEPENDENTS: _____

***PLEASE ATTACH A RECENT PAYCHECK STUB, COPY OF LAST W2 FORM, A COPY OF YOUR LAST INCOME TAX FORM, OR COPY OF UNEMPLOYMENT OR WELFARE CHECK STUB, TO THIS APPLICATION, AND MAIL TO THE ABOVE ADDRESS. APPLICATIONS WILL NOT BE CONSIDERED IF PROOF OF INCOME IS NOT ATTACHED.**

THIS APPLICATION IS FOR SUBSIDIZED SPAY OR NEUTER ASSISTANCE FOR YOUR BOXER. TWO PROGRAMS EXIST AS FOLLOWS:

- 1. USE ONE OF OUR VETERINARIANS TO SPAY OR NEUTER YOUR BOXER, AND PAY UP TO \$100.**
- 2. USE YOUR OWN VETERINARIAN, AND ADOPT A BOXER RESCUE WILL PAY \$100 TOWARDS THE SPAY OR NEUTER OF YOUR BOXER.**

BOXER(S) TO BE NEUTERED:

NAME OF BOXER#1 _____ AGE: _____ SEX: _____ UTD ON VACCINATIONS: YES ___ **NO ___
****IF NO, VACCINATIONS WILL BE PROVIDED AT AN ADDITIONAL FEE.**

NAME OF BOXER#2 _____ AGE: _____ SEX: _____ UTD ON VACCINATIONS: YES ___ **NO ___
****IF NO, VACCINATIONS WILL BE PROVIDED AT AN ADDITIONAL FEE.**

****PROOF OF VACCINATIONS IS REQUIRED FOR EACH BOXER TO BE NEUTERED.**

I (we) hereby agree to at all times release and hold harmless Adopt A Boxer Rescue and its officers, directors, volunteers, agents and assigns from and against any and all claims, liabilities, losses, damages, charges, fees and expenses of any nature and character which I (we) may sustain or incur by reason or on account of the spaying or neutering of my (our) animals described above. I (we) understand that the only involvement and purpose of Adopt A Boxer Rescue is to provide low cost spaying and neutering of the boxers listed above. Accordingly, I (we) hereby issue this release from liability.

SIGNATURE OF APPLICANT

DATE

MAIL TO ADDRESS ABOVE, OR SCAN COMPLETED APPLICATION AND REQUIRED DOCUMENTS, AND EMAIL TO Info@AdoptABoxerRescue.com. IF YOUR APPLICATION IS APPROVED, YOU WILL BE NOTIFIED BY PHONE OR EMAIL.