

FALL RIVER COALITION FOR ANIMAL AWARENESS  
SPAY/NEUTER ASSISTANCE PROGRAM APPLICATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Household Members \_\_\_\_\_ Total Household monthly Income \_\_\_\_\_

Are you and/or your family members receiving public assistance? \_\_\_\_\_

If yes, what type of assistance \_\_\_\_\_

**This application is for spay/neuter assistance at Pet Partners only.**

Do you have a regular veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is your regular veterinarian? \_\_\_\_\_

The pet companion you are applying for assistance for is:

CAT: \_\_\_\_\_ number of males \_\_\_\_\_ number of females Name: \_\_\_\_\_

Are any of the cats feral/barn cats? Yes \_\_\_\_\_ No \_\_\_\_\_

DOG \_\_\_\_\_ number of males \_\_\_\_\_ number of females Name: \_\_\_\_\_

Are any of your female cats or female dogs currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

How many litters has your female dog or cat had? \_\_\_\_\_

Total number of pets in your household that have been spayed or neutered? \_\_\_\_\_

I agree to release the Fall River Animal Coalition, its employees and staff from any claim, liability loss, damage or expense which I may incur from the spaying or neutering of my animal described in this application. I understand the Fall River Animal Coalition only involvement is to provide partial funds for the spaying and neutering of dogs/cats. The Coalition will cover 1/2 of the following examination, surgery, anesthesia and stitch removal if necessary. There may be additional fee for more anesthesia, retained testicles, pets over 5 years old, blood test, female cats/dogs in heat or any other medical procedure not related to the spay/neuter surgery is not included.

**Shots are mandatory and we will cover rabies only.** Vaccinations, antibiotics, flea medications and pain management/cone are **not** included. Ask about shots fees and any other additional charges when making appointment.

I hereby certify that all the information I have provided in this application is current to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to :  
F.R.A.C.  
505 Bay Street  
Fall River, MA 02724

**For office use only:**

Fall River Coalition agrees to cover:

Spay/Neuter \_\_\_\_\_ Rabies \_\_\_\_\_

Other: \_\_\_\_\_