



Please describe your situation and why you are asking for spay and neuter assistance:

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**PET/ANIMAL INFORMATION**

How many dogs do you have? \_\_\_\_\_      How many dogs are fixed? \_\_\_\_\_  
 How many indoor cats do you have? \_\_\_\_\_      How many indoor cats are fixed? \_\_\_\_\_  
 How many outdoor cats do you have/feed? \_\_\_\_\_      How many outdoor cats are fixed? \_\_\_\_\_

Fill out one row below for every animal you want to have fixed. Use page three if you need more lines.

Pet Name	Type	Does this pet live	Breed and Color	When was this animal last seen by a vet?	Male or Female
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bunny	<input type="checkbox"/> Inside Only <input type="checkbox"/> Inside/Outside <input type="checkbox"/> Outside Only		<input type="checkbox"/> Under a year <input type="checkbox"/> 1 - 5 years <input type="checkbox"/> Never <input type="checkbox"/> Don't Know	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Sure
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bunny	<input type="checkbox"/> Inside Only <input type="checkbox"/> Inside/Outside <input type="checkbox"/> Outside Only		<input type="checkbox"/> Under a year <input type="checkbox"/> 1 - 5 years <input type="checkbox"/> Never <input type="checkbox"/> Don't Know	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Sure
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