



## Application for PAL+

### *Spay/Neuter, Vaccine & Microchip Assistance for Dogs & Cats*

All information entered on this application will be kept confidential and will not be released to any outside sources. The purpose of the verification process is to demonstrate financial need. Thank you for completing the application. A representative from Fort Collins Cat Rescue & Spay/Neuter Clinic will be in contact with you within ten business days.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you used any of our services before? Yes No

How did you hear about this program? \_\_\_\_\_

### **Pet Information:**

How many pets are currently living in your household? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

**\*Please list all animals that are currently living in your household whether they need help from the PAL+ program at this time or not. These will be the only animals we will be able to assist you with.\***

1. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No

Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No

Is this pet up-to-date on vaccinations? Yes No

If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine

Do you have any records of previous vaccinations? Yes No

Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No

Please list any health problems this pet has: \_\_\_\_\_

2. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No

Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No

Is this pet up-to-date on vaccinations? Yes No

If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine

Do you have any records of previous vaccinations? Yes No

Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No

Please list any health problems this pet has: \_\_\_\_\_

3. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No

Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No

Is this pet up-to-date on vaccinations? Yes No

If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine

Do you have any records of previous vaccinations? Yes No  
Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No  
Please list any health problems this pet has: \_\_\_\_\_

4. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No  
Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
How long have you owned this pet? \_\_\_\_\_  
Where did you get this pet? \_\_\_\_\_

\_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No  
Is this pet up-to-date on vaccinations? Yes No  
If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine  
Do you have any records of previous vaccinations? Yes No  
Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No  
Please list any health problems this pet has: \_\_\_\_\_

5. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No  
Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
How long have you owned this pet? \_\_\_\_\_  
Where did you get this pet? \_\_\_\_\_

\_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No  
Is this pet up-to-date on vaccinations? Yes No  
If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine  
Do you have any records of previous vaccinations? Yes No  
Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No  
Please list any health problems this pet has: \_\_\_\_\_

6. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No  
Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
How long have you owned this pet? \_\_\_\_\_  
Where did you get this pet? \_\_\_\_\_

\_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No  
Is this pet up-to-date on vaccinations? Yes No  
If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine  
Do you have any records of previous vaccinations? Yes No  
Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No  
Please list any health problems this pet has: \_\_\_\_\_

7. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No  
Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
How long have you owned this pet? \_\_\_\_\_  
Where did you get this pet? \_\_\_\_\_

\_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No  
Is this pet up-to-date on vaccinations? Yes No  
If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine  
Do you have any records of previous vaccinations? Yes No  
Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No  
Please list any health problems this pet has: \_\_\_\_\_

8. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No  
Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
How long have you owned this pet? \_\_\_\_\_  
Where did you get this pet? \_\_\_\_\_

\_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No  
Is this pet up-to-date on vaccinations? Yes No  
If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine  
Do you have any records of previous vaccinations? Yes No  
Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No  
Please list any health problems this pet has: \_\_\_\_\_

9. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No  
Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
How long have you owned this pet? \_\_\_\_\_  
Where did you get this pet? \_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No  
Is this pet up-to-date on vaccinations? Yes No  
If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine  
Do you have any records of previous vaccinations? Yes No  
Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No  
Please list any health problems this pet has: \_\_\_\_\_

10. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No  
Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
How long have you owned this pet? \_\_\_\_\_  
Where did you get this pet? \_\_\_\_\_

Has this pet ever been seen by a veterinarian? Yes No  
Is this pet up-to-date on vaccinations? Yes No  
If no, which vaccinations does this pet need? Rabies Vaccine Distemper Combo Vaccine  
Do you have any records of previous vaccinations? Yes No  
Is this pet microchipped? Yes No If no, would you like it microchipped? Yes No  
Please list any health problems this pet has: \_\_\_\_\_

**Financial Information:**

**You must include a copy of the following with your application:**

- **Photo I.D.**
- **Proof of Income or Proof of Government Assistance Program(s)**

Are you currently: Unemployed Employed

**Your gross household income (include income from all contributing family members):**

\$ \_\_\_\_\_ Annual/Monthly/Biweekly/Weekly  
How many people live on the income stated above? Adults \_\_\_\_\_ Children \_\_\_\_\_

Please circle the government assistance programs you are currently on (if any):  
Food Stamps WIC Medicaid Larimer County Works/TANF SSI LEAP OAP  
Aid to the Needy Disabled (AND) CCAP OLTC Section 8/Public Housing Other \_\_\_\_\_

Do you need assistance feeding your pet(s)? Yes No

Do you have transportation to get your pet(s) to and from our facility? Yes No

Are you able to contribute any amount to your pet's procedures? Yes No  
If yes, how please specify an amount: \_\_\_\_\_

\_\_\_\_\_

Please be sure that you have completed this form in its entirety. Attach a photocopy of all required documents.

**By signing below, I verify that all information in the application is correct and true and that I am the owner of all listed animals in the application. I agree to the above financial status verification process and proceedings. I understand that this is an application and not approval for assistance. I understand that a representative of Fort Collins Cat Rescue & Spay/Neuter clinic will contact me to inform me of what assistance I have qualified for within ten business days of me submitting this application and all required documents.**

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

*Please drop off or mail completed form to:*

*Fort Collins Cat Rescue & Spay/Neuter Clinic  
Attn: Sarah Swanty  
2321 E. Mulberry St. #1  
Fort Collins, CO 80524*