



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**