



Application for P.A.L. and P.A.V.E.

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 five business days.

First Name _____ Last Name _____

Address _____

City _____ Zip _____ County _____

Home Phone _____ Work Phone _____

Pet Information:

Please list **all animals** that are currently living in your household.

Understand that these will be the only animals that we can assist you with.

1. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No
Name of Pet _____ Breed _____ Color _____ Age _____
Do you need assistance spaying/neutering this pet? Yes No
Do you need assistance vaccinating this pet? Yes No

2. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No
Name of Pet _____ Breed _____ Color _____ Age _____
Do you need assistance spaying/neutering this pet? Yes No
Do you need assistance vaccinating this pet? Yes No

3. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No
Name of Pet _____ Breed _____ Color _____ Age _____
Do you need assistance spaying/neutering this pet? Yes No
Do you need assistance vaccinating this pet? Yes No

4. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No
Name of Pet _____ Breed _____ Color _____ Age _____
Do you need assistance spaying/neutering this pet? Yes No
Do you need assistance vaccinating this pet? Yes No

5. **Species:** Cat Dog **Sex:** Male Female **Is this pet spayed/neutered?** Yes No
Name of Pet _____ Breed _____ Color _____ Age _____
Do you need assistance spaying/neutering this pet? Yes No
Do you need assistance vaccinating this pet? Yes No

Financial Information:

You must include a copy of the following with your application: Photo I.D., Proof of Income and Proof of Government Assistance Program(s) you are on.

Are you currently: Unemployed Employed

Your gross household income: (circle one)
Annual/Monthly/Biweekly/Weekly: _____
Number of individuals living in your house: _____

Government Assistance Program(s) you are on: (circle)
Food Stamps WIC Medicaid Larimer County Works/TANF SSI LEAP OAP
Aid to the Needy Disabled (AND) CCAP OLTC Section 8/Public Housing

Our program may not be able to cover the cost of all requested services. Please indicate how much you are personally able to put towards the alteration/vaccination of your pets: \$_____

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

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 five 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**