

Application for Assistance
Prevent Unwanted Pets
P.O. Box 51 Fort Collins, CO 80522
Phone (970) 229-0717 Fax (970) 282-3734

My Name _____ Today's Date _____

Address _____ City _____, CO Zip _____

Phone (day) _____ (evening) _____

Veterinary Clinic you have chosen _____

Dog or Cat	Age	Sex	Name
_____	_____	_____	_____
_____	_____	_____	_____

Is the clinic chosen the regular vet for this animal? Yes or No

I need help because (pick one):

- | | |
|--------------------------------|----------------------------|
| _____ Student | _____ Single parent |
| _____ Fixed income-SSI | _____ Fixed income-retired |
| _____ Unexpected debt | _____ Low income person |
| _____ Cost of surgery too high | _____ Unemployed |

Other reason (explain) _____

I cannot afford the entire cost of having my pet spayed/neutered and need financial help from Prevent Unwanted Pets, Inc. (PUP). I understand and agree that:

1. I may go to the veterinarian of my choice in Larimer County, including the CSU Veterinary Teaching Hospital.
2. PUP incurs no liability for the health of my animal (s) or the consequences of the surgery.
3. I will mail this form to PUP and wait for the approval certificate.
4. I will be responsible for all surgery costs if I do not give the approval certificate to my veterinarian **before** the surgery.
5. PUP will pay the veterinarian \$25 per surgery.

Signature _____

PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE

Thank you for taking care of your pet!