

Application for Assistance
Prevent Unwanted Pets
P.O. Box 51 Fort Collins, CO 80522
Phone (970) 226-2416 Fax (970) 282-3734

My Name _____ Today's Date _____

Address _____ City _____, CO Zip _____

Phone (day) _____ (evening) _____ Email _____

How did you hear about PUP? _____

Veterinary Clinic you have chosen: **Fort Collins Cat Rescue & Spay/Neuter Clinic**

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

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

I need help because (pick one):

<input type="checkbox"/> Student	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Fixed Income-SSI	<input type="checkbox"/> Fixed income-retired
<input type="checkbox"/> Unexpected debt	<input type="checkbox"/> Low income person
<input type="checkbox"/> Cost of surgery too high	<input type="checkbox"/> Unemployed

Other reason (explain) _____

We will provide up to \$25 assistance.

Please indicate the amount of assistance you need: _____

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 or fax 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 up to \$25 per surgery.

Signature _____

PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.

Thank you for taking care of your pet!