



**Application for Spay/Neuter Subsidy
provided by DREAM pet rescue**
Dedicated Rescue Effort for Animals in Many counties

Date: _____

Part 1 - Owners

Name of Applicant: (owner of pet) _____

Address: _____

City: OH Zip: _____

Phone (hm) Cell _____

Email (optional) _____

Part 2 - Your Pet

Name of pet: _____

DOG or CAT ???

Breed: _____

Male / Female ???

Approx. Weight: _____

Age: _____

Source of Animal: circle one

Found or Adopted from _____ or friend

Pet store _____ or - Relative - Breeder

How long have you owned your pet ? _____

Condition of Animal: check all that apply

Appears Healthy

In Heat

Friendly

Pregnant

Previous litters, # _____

Runny Eyes & Nose

Still Nursing

Fleas or Ticks

Bites / Scratches

Health Issues _____

Part 3 - Your Vet

Your Vet: _____

Vet Address: _____

City: St: Zip: _____

Vet Phone: _____

What month is your pet's Spay / Neuter scheduled? _____

APPLICATION MUST BE SENT to DREAM 10 days prior to surgery.

Attach a copy of your pet's most recent vaccination records.

The veterinarian performing the spay/neutering service will be reviewing the vaccination records of your pet. He/She may determine a "wellness check" is necessary before scheduling a spay/neuter date. This will ensure your pet is healthy, up-to-date with vaccinations, and ready for surgery.

Send this application* with vaccination records to:

DREAM

P.O. Box 322

Tipp City, OH 45371

* One application per family per calendar year only.



Within 5 days after receipt of your application you will be notified about the decision for approval or why request is pending or denied.

NOT VALID for NOMAD and low cost clinics.

Process for using DREAM's subsidy program:

- Complete Spay/Neuter application and mail - with vet records - to DREAM
- DREAM will review application and vet records, and notify applicant via Email
- DREAM then contacts veterinarian about applicant, subsidy, and scheduled surgery
- Veterinarian receives **subsidy** for Spay/Neuter service of dog /cat

Subsidy: Dogs... = \$ 50.

Cats ... = \$ 25.

- Customer pays balance of charges incurred minus **subsidy**

Dream (date received) _____

Dream (date approved/denied) _____