

Application for FELINE Spay/Neuter Subsidy \underline{D} edicated \underline{R} escue \underline{E} ffort for \underline{A} nimals in \underline{M} any counties

,		Date:		
<u>Part 1 - Owners</u>				
Name of Applicant: (owner of	<i>CAT</i>)			
Address:				
City: OH Zip:				
Phone (hm) Cell				
Email (optional)				
<u>Part 2 - Your Pet</u>				
Name of CAT:		<u> </u>		
Breed:		Sex: 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 Appears Healthy	that apply In Heat			
Friendly	Pregnant	Previous litters, #		
Runny Eyes & Nose Bites / Scratches Health Issues	Still Nursing	Fleas or Ticks		
<u>Part 3 - Your Vet</u>				
Your Vet:				
Vet Address:				
City: St: Zip:				
Vet Phone:				



Please 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.

Process for using DREAM's subsidy program:

- Complete Spay/Neuter application form and mail to DREAM
- DREAM will contact veterinarian about applicant, subsidy, and scheduled surgery
- DREAM will contact veterinarian to confirm Spay/Neuter service is completed
- · Spay/Neuter subsidy is provided to vet after surgery is completed
- · Veterinarian receives up to \$30 subsidy for Spay/Neuter service
- · Customer pays balance of charges incurred minus (up to) \$30. subsidy

Send this application* with vaccination records to:

DREAM
P.O. Box 1455
Piqua, OH 45356

* One application per family per calendar year only.

Within 7 - 10 days <u>after receipt of your application</u> you will be notified about the decision for approval or why approval is pending or denied.

Vet's approval		
Dream's approval		