

MAIL COMPLETED FORM TO: AAHS 411 Pearl Street, Andalusia, AL 36420

Your request will be reviewed and you will be contacted. This program is for Covington County residents only. It depends solely on funds raised locally through annual fundraisers and donations and is very limited in scope. It is not intended for animals 'in heat', emergencies, or for households with multiple pets that need to be spayed or neutered (at this time).

**TO BE COMPLETED BY OWNER**

Preferred Vet: Andalusia Animal Clinic \_\_\_\_\_ Jones Veterinary Hospital \_\_\_\_\_

Pet Owner Name \_\_\_\_\_

Pet Owner Address \_\_\_\_\_

\_\_\_\_\_

Pet Owner Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Animal name \_\_\_\_\_ CAT DOG (circle one)

Breed (best guess) \_\_\_\_\_ SEX: M F (circle one)

Apprx. age \_\_\_\_\_ Apprx. Weight \_\_\_\_\_

How animal acquired \_\_\_\_\_

Number of pets in household: \_\_\_\_\_

If more than one, have they been spayed or neutered? \_\_\_\_\_

**PROOF OF INCOME REQUIRED: Please submit copy of pay stub, eligibility for food stamps or disability, etc.)**

**TO BE COMPLETED BY AAHS**

Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application number: \_\_\_\_\_

Referred to Vet \_\_\_\_\_

\_\_\_\_\_ Proof of Income received

\_\_\_\_\_ Proof of Rabies Vaccination

Amount quoted to owner: \$