



Pets In Need Action League (dba P.I.N.A.L); a 501(c)(3) Corporation

Spay/Neuter Assistance Application

Pinal County Residents ONLY

IMPORTANT – PLEASE READ!

- **Spay/Neuter Fees for Cats and Dogs: If you qualify for this program, you will pay \$20.00 per surgery***
- **This payment will be due AT THE TIME OF SURGERY. DO NOT mail payment with an application!**
- **QUALIFICATION is required – complete ENTIRE application & include ALL required documentation!**
- **Applicant may apply only ONCE as acquiring additional pets demonstrates ability to care for pet’s needs. Future applications will not be approved.**

("Extra" services, such as take-home pain medication, vaccinations, microchipping, etc. available at **additional cost through our participating veterinary services providers on the day of surgery.)*

Name: _____ Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell: _____ Email: _____

QUALIFICATION: applicant MUST complete Step’s 1 & 2 and provide one form of documentation for each Step!

Step 1. Provide one (1) form of proof of current residence (either A or B); must be a Pinal County resident:

- A. A copy of your current driver’s license (OR)
- B. A copy of your latest utility bill showing property location

Step 2. Complete either A or B (not both), and include the required documentation with your application:

- A. **To qualify via public assistance** – check all that apply and enclose proof of participation in program:
() Food Stamps () WIC () SSI () Disability () Unemployment () AHCCCS () Other
- B. **To qualify based on income level** – answer questions below and enclose a copy (first page only) of last year’s Federal tax return of each adult in your household. If you did not file taxes or your income has decreased since your last tax return, enclose note of explanation and best proof of income (W-2’s, pay stubs, etc.)

- What is your gross household income? _____
- How many people in your household? _____

Please mark through any sensitive information, such as social security numbers, on documentation you submit to us!!

FOUR (4) PET LIMIT PER APPLICANT! PROVIDE ALL FOLLOWING INFORMATION TO THE BEST OF YOUR ABILITY:

| Pet’s Name | Cat/Dog | Breed/Color | M/F | Age | Weight |
|------------|---------|-------------|-------|-------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Signature: _____ Date: _____

By signing this application, I certify the provided information is true & accurate. Further, I hereby release both P.I.N.A.L. and its source(s) from any liability arising from the service and further agree to indemnify and hold harmless P.I.N.A.L. and its source(s) against any and all damages, losses, claims, causes of action & suits of law or in

- Mail completed application & photocopied documentation to: **P.I.N.A.L., PO Box 12813, Casa Grande AZ, 85130.**

Incomplete applications will be returned!!

Questions? Please visit www.pinalpets.org/qualification.html; Contact us at **520-582-0299** or via email: info@pinalpets.org.

Please contact the AZ Spay/Neuter Hotline at (866) 952-SPAY (7729) or visit www.pinalpets.org/spay-neuter-resources.html for information about spay/neuter programs available to those who do not qualify for our assistance or need help with feral cats.

FOR P.I.N.A.L. USE ONLY

Date Received: _____ Date Contacted: _____ via EMAIL LETTER PHONE

Approved: _____ Denied: _____ Volunteer: _____

Revised 01/2020