

**Middle Tennessee Spay & Neuter Clinic 846 Union St. Shelbyville, TN 37160
931-684-5353**

Application for TN Spay Neuter Assistance

This project is funded under an agreement with the State of Tennessee

Name _____ **Address** _____

_____ **Phone** _____

Pet's Name _____ **Dog** ___ **Cat** ___ **Male** ___ **Female** ___

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How did you get this pet? _____ **Date** _____

The reason for Spay/Neuter Assistance (COMPLETE ALL OR MARK N/A if not applicable)

Total Household Income Last Year, before Taxes \$ _____

\$ _____ **per week, two week, or month (circle one)**

List all Household members other than yourself. Indicate Full Time or Part Time for those employed or state student, unemployed, retired, disabled, etc.

Name _____ **Age** _____ **Occupation** _____ **FT/PT**

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Do You Receive: (Check All that Apply) Food Stamps ___ **TennCare** ___ **WIC** ___

Supplemental Security Income (SSI) _____ **Rental Assistance** _____

Aid to Dependant Families (AFDC/TAFDC) ___ **Unemployment** ___ **Social**

Security _____ **Other** _____

I affirm that the above information is true and correct

Signature

Date

You must provide proof of income: Tax Return, Bank Statement showing Federal Government Deposits, Employee Check Stub.