

**Middle Tennessee Spay & Neuter Clinic**

846 Union St. Shelbyville, TN 37160

931-684-5353

**Application for TN Spay Neuter Assistance**

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

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_ FT/PT

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_ FT/PT

Put additional members of your family on back of this application

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.