



STOP Application Form

A Cause for Paws, Inc. Project

This is a spay/neuter assistance program. Income guidelines apply
Any incomplete information will delay your application



| | | | |
|-----------------------------------|------|------------|--|
| Name: | | Email: | |
| Address: | | Phone: | |
| City: | | Alt Phone: | |
| State: | Zip: | | |
| How did you hear of this program? | | | |

Briefly describe why you need this service:

I will pay \$ _____ toward the surgery. These funds will go back into the STOP Program to help pay for the cost of surgery. This amount will be due by check or money order and mailed to STOP Coordinator, Cause for Paws, Inc (CFPI), Box 1391 Hutchinson, Ks 67504-1391 after your application has been approved. Checks or money orders should be made to Cause For Paws Inc.

Please leave the application and proof of income and of residency at the Hutchinson Animal Shelter (HAS) or mail the application and proof of income and of residency to STOP Coordinator CFPI. Box 1391, Hutchinson, Kansas, 67504-1391.

The STOP volunteer coordinator will call you. Please leave a phone number where you can be reached.

Has your pet been to the veterinarian in the last year? _____ If so, who? _____

| Please List The Dogs For Which You Would Like Vouchers | | | |
|--|-------------|-----|-------|
| Dog's Name | Age (yr/mo) | M/F | Breed |
| | | | |
| | | | |

| Please List the Cats For Which You Would Like Vouchers | | | |
|--|-------------|-----|-------|
| Cat's Name | Age (yr/mo) | M/F | Breed |
| | | | |
| | | | |

I certify under penalty of perjury that that the animal(s) receiving the surgery is/are my own and I am the sole legal owner of the pet(s). I authorize CFPI to contact any sources necessary to establish accuracy of the information given by me. I also I understand that completing this application does not guarantee my pet will be provided sterilization through this program. CFPI and HAS and participating veterinarians are not responsible for any of the following: any problems or liabilities arising from the surgery and any charges incurred by additional procedures necessary for older animals or due to other circumstances.

Print Name: _____ Signature: _____ Date: _____

Approved By: _____ Contacted Applicant: _____ Date fee paid and voucher authorized: _____

Veterinary Clinic to perform surgery: _____ Date: _____