

Spay / Neuter Application 2010

Town of Apple Valley Animal Services
22131 Powhatan Rd Apple Valley CA 92308 (760) 240-7000 x 7555

Please answer questions completely and return to Animal Services.

Name: _____ Email: _____

Address: _____

Phone: _____ Alternate #: _____

Please describe your financial hardship: _____

Total monthly income (from all sources)? \$ _____

Please include ALL Pets in your home

Dog/Cat (Indicate D/C)	Male/ Female (Indicate M/F)	Breed	Pets Name	Age	Color	Spayed/ Neutered Mark Yes or No	Licensed (Dog only: yes/no)	Vaccinated (Dog only: yes/no)

- If your dog is not licensed, are you prepared to pay \$22 for the rabies vaccine and 1 year license at the time of surgery? _____
- If your dog is under 1 year old have they received their two Distemper/ Parvo shots? _____
- Do you need a trap for animals? _____

Comments/additional information:

(Additional information may be required to determine eligibility)

Signature: _____ Date: _____

Animal Services use only:

Priors check: _____ Appointment confirmed: _____ Follow up / post op: _____