



300 Old Route 10 • Enfield, NH 03748 • 603-448-MUTT • Fax 603-448-3593  
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## Spay/Neuter Financial Assistance Request

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Mailing address (incl. state & zip) \_\_\_\_\_

Email \_\_\_\_\_

Names and ages of ALL other people living in your household:

\_\_\_\_\_  
\_\_\_\_\_

List **all pets** in your household, not just those needing spay/neuter: (continue on reverse if additional space is needed)

Pet Name	Breed(s)*	Color	Age	Sex (M or F)	Spayed/Neutered?	Approx weight (dogs only)

*\*If you have a cat & it's not a specific breed, please just list whether short, medium or long-haired.*

Which of these pets are you seeking assistance for? Are they up-to-date on vaccines (rabies & distemper) or will they need to be vaccinated at the clinic? \_\_\_\_\_

\_\_\_\_\_

What is your gross (before taxes) household income (include income from all members of your household)?

\$ \_\_\_\_\_ ( ) Annually ( ) Monthly ( ) Weekly

Please BRIEFLY describe any other circumstances that you would like us to take into consideration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***By signing below, I certify that the above information is truthful and accurate:***

Signature \_\_\_\_\_ Date \_\_\_\_\_

