

It's a WIN, WIN, WIN situation!

Application for Low Cost Spay/Neuter Assistance Program

(please print neatly and clearly)

YOU WIN, because:

- You will save money
- The application procedure is easy and less restrictive than some other programs
- You will have the satisfaction of knowing you are not contributing to the kill rates at area shelters

PETS WIN, because:

- His/Her desire to roam to find a mate will be eliminated
- Spay/Neuter is healthy
- Behaviors associated with finding a mate - such as aggression, spraying, fighting and howling- will be removed or lessened

THE COMMUNITY WINS, because:

- The number of unwanted animals languishing and dying in shelters is reduced
- The number of feral cat colonies and feral dog packs struggling for survival is lowered
- Tax monies could potentially be redistributed to other municipal benefits

STEP ONE: APPLICANT'S INFORMATION Today's Date: _____

Name: _____ E-mail address: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Daytime Phone # _____ Evening Phone #: _____

Current employer: _____ Position: _____

STEP TWO: PET INFORMATION (attach a separate sheet of paper to include more than 3 pets)

1. CAT DOG other: _____
 Pet's name: _____ Breed: _____ Age: ____ Sex: M F Weight: ____ lbs.

2. CAT DOG other: _____
 Pet's name: _____ Breed: _____ Age: ____ Sex: M F Weight: ____ lbs.

3. CAT DOG other: _____
 Pet's name: _____ Breed: _____ Age: ____ Sex: M F Weight: ____ lbs.

STEP THREE: FEES ARE LISTED BELOW. ENCLOSE A CHECK TO "THE OASIS ANIMAL SANCTUARY, INC." IN THE AMOUNT DUE FOR EACH ANIMAL TO BE STERILIZED.

CAT(s): <input type="checkbox"/> Male \$35 <input type="checkbox"/> Female \$50	DOG(s): <input type="checkbox"/> Male under .50 pounds \$75 <input type="checkbox"/> Male over .50 pounds \$100 <input type="checkbox"/> Female under .50 pounds \$120 <input type="checkbox"/> Female over .50 pounds \$150
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Please call us at 856-284-6311 for fee amounts to sterilize ferrets, rabbits, guinea pigs and other animals.

STEP FOUR: FEDERAL INCOME TAX FORM

Attach a copy of your most recent federal income tax return (Form 1040EZ, Form 1040A, Telefile Tax Record, or page 2 of Form 1040). For your protection, please black out your social security number. If you cannot include this document, please explain why: _____

STEP FIVE: READ AND SIGN BELOW (must be at least 18 years of age)

All fees must be paid to The Oasis Animal Sanctuary, Inc. **BEFORE** surgery. The Oasis Animal Sanctuary, Inc. **ONLY** covers the office visit and the actual surgery. All costs for additional services are the responsibility of the owner/caretaker. I understand that The Oasis Animal Sanctuary, Inc. needs to verify my financial qualifications for their low cost spay/neuter assistance program. A copy of my most recent federal income tax return is attached. I recognize that The Oasis Animal Sanctuary, Inc. agrees to use this financial information, provided by me, **ONLY** for the purpose of verifying qualification for this program.

Signature of Pet Owner: _____

YOU'RE DONE! MAIL THIS SIGNED APPLICATION, A COPY OF YOUR FEDERAL INCOME TAX FORM AND PAYMENT TO: **The Oasis Animal Sanctuary, 698 Central Avenue, Franklinville, NJ 08322**