

**Spay it Forward**  
**Low Cost Spay and Neuter Application**

Upper Peninsula Animal Welfare Shelter  
84 Snowfield Road  
Negaunee MI 49866  
906-475-6661

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Have you adopted from UPAWS or previously used any of our services? \_\_\_\_\_

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Yearly Household Income \_\_\_\_\_

Proof of low income provided (mark one)

- |  |  |
|--|--|
| <input type="checkbox"/> Medicaid          | <input type="checkbox"/> Bridge Card           |
| <input type="checkbox"/> Food Stamps       | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> College ID        | <input type="checkbox"/> Student               |
| <input type="checkbox"/> SSI               | <input type="checkbox"/> Single Income home    |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> WIC               |  |

**About Your Pet**

Name \_\_\_\_\_ Age \_\_\_\_\_ Breed(s) \_\_\_\_\_  
Color \_\_\_\_\_ Sex \_\_\_\_\_

Any known medical history and/or medical concerns? \_\_\_\_\_

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How many litters has your pet had? \_\_\_\_\_ Where did you get the pet? \_\_\_\_\_

Please list other pets in the house hold: \_\_\_\_\_

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Current Veterinarian \_\_\_\_\_  
\*\*Vaccine History \_\_\_\_\_

\*\*Note: If your pet is not current on a Rabies vaccine this will be required at time of surgery and the cost will be your responsibility.

I certify that I am the legal owner of the animal to be altered and the above information is true to the best of my knowledge. I will be responsible for all follow up care as required.

I understand that if my pet has any other medical conditions found at the time of surgery, I am responsible for paying the clinic on that day for any additional charges.

I understand that I cannot have cosmetic procedures (i.e. declawing) done at the time of the spay/neuter surgery.

Signed \_\_\_\_\_ Date \_\_\_\_\_