



City of Cottonwood Police Department
 199 S 6th St
 Cottonwood, AZ 86326
 928-634-4246 ext 2264



Danza Del Sol Veterinary Medical Center
 699 N 10th St
 Cottonwood, AZ 86326
 928-634-5274

SPAY/NEUTER CLINIC APPLICATION

PLEASE READ ENTIRE APPLICATION CAREFULLY

The City of Cottonwood Police Department is partnering with Danza Del Sol Veterinary Medical Center to sponsor a spay/neuter clinic for family pets beginning January 1st, 2019 on a first come first serve basis for low income families of Cottonwood (86326 **residential** zip code). Please return completed applications to Danza Del Sol located at 699 N 10th St. There is a limit of 3 pets per household. You must fill out a separate form for each pet. If a form is not filled out completely it will not be considered for assistance.

Full Name(RESPONSIBLE ADULT): _____

Driver's License or Valid ID #: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Home/Message Phone: _____ Cell Phone: _____

Employer/Source of Income: _____

Total Household Annual Income: _____ Number of Dependents: _____

Type of pet: (circle one) **DOG** **CAT** Name: _____

Sex of Animal: (circle one) **Male** **Female** If female, how many litters? _____

Breed: _____ Age: _____ Approximate Weight: _____ lbs

Color/Markings: _____

Is your pet currently vaccinated for rabies? (circle one) **YES** **NO** If YES, you must include proof with application.

If your pet is a dog, is it currently licensed? (circle one) **YES** **NO** If YES, you must include proof with application.

***If your pet is not currently vaccinated for rabies, and licensed as law requires then you will be responsible for the cost of a rabies vaccine and license at the time of surgery.**

***By signing this form I affirm that I have read and I understand all information herein and that all information I have provided is complete and correct. I understand that any and all other cost associated with the care of my pet will be my sole responsibility. I also understand that the information provided above may be shared with grant donors that make funding available for this spay/neuter assistance program.**

Signature: _____ Today's Date: _____



ANIMAL CONTROL/FINANCE USE ONLY:
 CONTROL# _____
 SURGERY DATE _____
 AMOUNT \$ _____