

**Please provide a copy of one proof of income (check the box):**

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Last Year's Income Tax Form  | <input type="checkbox"/> Section 8   | <input type="checkbox"/> VA Disability                   |
| <input type="checkbox"/> Social Security Disability   | <input type="checkbox"/> Free Lunch  | <input type="checkbox"/> County Social Services Benefits |
| <input type="checkbox"/> All W-2's for your household | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> AFDC/TANF/WIC                   |

**Post Surgery Pickup:**

All animals must be picked up by the time specified by the veterinarian office when your pet is admitted. If you do not pick up your pet, additional boarding fees of \$40 per day or partial day will be charged. In the event that the pet is not picked up within 3 calendar days, your animal may be considered abandoned, turned over to animal control, and you may be charged with abandonment.

**Authorization and Waiver:** I have read the pickup instructions and I authorize Animal Advocates of Howard County, and all participating veterinarians, employees, and volunteers to receive, prescribe for, treat, or operate on my pet(s) when presented per this agreement.

I agree to indemnify, hold harmless, and release Animal Advocates of Howard County and all participating veterinarians, employees, and volunteers from and against all action claims, damages, disabilities, or expenses including attorney's fees and witness costs that may be asserted by any entity including myself arising out of or in connection with the care, treatment, surgery, or safekeeping of the animal(s). Further, I understand that it is not possible to guarantee that any medical or surgical procedure will be successful or without complication.

I certify I have read and understand the above three (3) paragraphs. I certify that my proof of income is true and complete. I certify that I understand that Animal Advocates of Howard County has the right to deny or refuse any applicant or application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail this form to:**

ANIMAL ADVOCATES OF HOWARD COUNTY  
PO Box 294  
Lisbon, MD 21765

**Or e-mail, with proof of income attached, to:**

[aadvocates@hotmail.com](mailto:aadvocates@hotmail.com)

*Each year, millions of animals are killed in our nation's shelters because there aren't enough homes for them. Each time a kitten or puppy is born, it takes away a home for those already born. **Thank you in advance for being part of the solution to the tragedy of pet overpopulation.***

**Remember to sign this form where indicated, and to include your proof of income.**

**APPLICATION FOR FREE SPAY/NEUTER**

If you prefer to apply online, go to [www.animal-advocates.org](http://www.animal-advocates.org) and select the "Spay & Neuter" section for the link.

We are an All-Volunteer, non-profit organization and operate solely on donations or grants so please be honest when filling out this form. Even if you do NOT qualify for our Free Program, we may still be able to help or direct you. We also have special programs for pit bulls and outdoor cats *regardless of income*. To learn more, contact us at [aadvocates@hotmail.com](mailto:aadvocates@hotmail.com) or 410.880.2488 option #3.

**You are eligible for our free services if you (check one):**

- Are single, not claimed as a dependent of another, and your annual income is less than \$30,000
- Are single with dependents, or married, and your total household income is less than \$50,000

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ (Our scheduling process **requires** we be able to reach you by phone. )

You can also include a text number or email address too: \_\_\_\_\_

Number of Male Cat (s)	Age(s)	Name(s)
Number of Female Cat(s)	Age(s)	Name(s)
Number of Male Dog(s) Approximate Weight	Age(s)	Name(s)
Number of Female Dog(s) Approximate Weight	Age(s)	Name(s)

**Have your pet(s) ever been vaccinated against:** Rabies \_\_\_\_\_ When \_\_\_\_\_ Distemper \_\_\_\_\_ When \_\_\_\_\_

**Does your pet have any health problems?** If yes, explain: \_\_\_\_\_

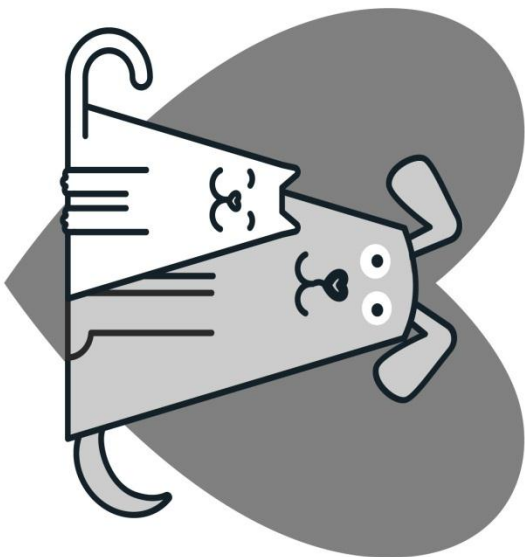
**Name of your regular vet, if you have one:** \_\_\_\_\_

**FREE**

**or REDUCED COST**

**SPAY & NEUTER**

Fix them now!  
They'll be healthier  
and happier.



**ANIMAL ADVOCATES  
of Howard County**

**410-880-2488 #3**

**aadvocates@hotmail.com  
www.animal-advocates.org**