

APPLICATION FOR SPAY/NEUTER

APPLICANT INFORMATION

Applicant Name (include first, middle, last): _____

Address (include city, state, zip): _____

Driver's license # / State ID: _____

Phone Number (home or cell): _____

Email Address (if applicable): _____

Are you 18 years of age or older: Yes No

Do you meet the income eligibility requirements? Yes No

Do you have transportation to the vet? Yes No

VOUCHER INFORMATION

Voucher #: _____

ANIMAL TO BE STERILIZED

Type: Dog Cat Sex: Male Female:

Animal Name: _____

Breed: _____

Color: _____

VETERINARIAN INFORMATION – TO BE COMPLETED BY VETERINARIAN

Name of Veterinarian performing sterilization (print): _____

Name of Veterinarian performing sterilization (signature): _____

Texas license number: _____

Date Sterilization was performed: _____

Cost of Sterilization: _____

Applicant Signature: _____

Date: _____

Disclaimer: (1) Applicant agrees to hold harmless the City of Beaumont and the employees and contractors of the City of Beaumont for services rendered pursuant to this application. (2) Applicant agrees that all information contained in this application is true and correct. (3) All animals sterilized pursuant to this application must be owned by the applicant. (4) Preference will be given to residents living in the following zip codes: 77701, 77702, 77703, 77705, and 77708