

Loretta's Fund
Spay/Neuter Assistance Program



Application

Please fill out the following information completely and mail in the provided envelope to the Friends of the Scituate Shelter. You must be 18 years of age and a resident of Scituate. A separate form and \$20 fee must be submitted for each animal. Check or money order should be payable to: Friends of the Scituate Shelter. If you have any questions please call the Shelter at 781-544.4533.

Information about You

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ E-Mail _____

Social Security Number: _____

Total Household Income (pre-tax) _____ per year

Information about Other Household Members

Please list all household members, including you. Indicate full or part time for those employed.

Age	Occupation	FT	PT

Do You? Own your own home Board Rent

Use the space below to provide us with other information that you feel would help clarify your need for assistance.

Information about Pet Needing Spay/Neuter

Dog Cat Breed _____ Color _____

Male Female Age _____ Name _____

Is your pet up to date on shots? _____ Are there other pets in the house? _____

Where did you get this pet? _____

I understand that Loretta's Fund is for low-income pet owners only. I certify that the information in this application is accurate.

Signature: _____ Date: _____

Approved by: _____ Date: _____