

Return completed application to: Mary S. Roberts Pet Adoption Center, 6165 Industrial Avenue, Riverside, CA 92504, Attn: Spay-It-Forward, or scan & email to [LifeLine@petsadoption.org](mailto:LifeLine@petsadoption.org).

**Please complete the entire application.** Anyone who owns an unaltered cat, Pit Bull, Pit Bull “mix”, Chihuahua, Chihuahua “mix” or any puppy under six (6) months of age who has qualifying income levels and can prove residence in zip codes **92501** or **92509** by providing a current utility bill, is eligible for the Spay-it-Forward program. **A representative will contact you to confirm eligibility within seven (7) business days from receipt of application.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many pets do you own? \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other

Are any of them spayed or neutered? \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other

### Financial Information:

Current annual household income total: \$ \_\_\_\_\_ Household Total \_\_\_ Adults \_\_\_ Children

**Complete a section for each pet that you are applying for services.**

#### Pet #1

Dog  Cat  Male  Female  Indoor  Outdoor

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ mos Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Long Hair: \_\_\_\_\_ Short Hair: \_\_\_\_\_

Date of last heat: \_\_\_\_\_  Pregnant  Has had a litter. If so when? \_\_\_\_\_

**OFFICE USE ONLY: VACCINATION HISTORY** Rabies  Yes  No

Canine DA2PPV  Yes  No Canine Bordatella  Yes  No Feline FVRCP  Yes  No FELV  Yes  No

#### Pet #2

Dog  Cat  Male  Female  Indoor  Outdoor

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ mos Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Long Hair: \_\_\_\_\_ Short Hair: \_\_\_\_\_

Date of last heat: \_\_\_\_\_  Pregnant  Has had a litter. If so when? \_\_\_\_\_

**OFFICE USE ONLY: VACCINATION HISTORY** Rabies  Yes  No

Canine DA2PPV  Yes  No Canine Bordatella  Yes  No Feline FVRCP  Yes  No FELV  Yes  No

**Pet #3**

Dog Cat Male Female Indoor Outdoor

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ mos Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Long Hair: \_\_\_\_\_ Short Hair: \_\_\_\_\_

Date of last heat: \_\_\_\_\_ Pregnant Has had a litter. If so when? \_\_\_\_\_

**OFFICE USE ONLY: VACCINATION HISTORY** Rabies Yes No

Canine DA2PPV Yes No Canine Bordatella Yes No Feline FVRCP Yes No FELV Yes No

**Pet #4**

Dog Cat Male Female Indoor Outdoor

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ mos Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Long Hair: \_\_\_\_\_ Short Hair: \_\_\_\_\_

Date of last heat: \_\_\_\_\_ Pregnant Has had a litter. If so when? \_\_\_\_\_

**OFFICE USE ONLY: VACCINATION HISTORY** Rabies Yes No

Canine DA2PPV Yes No Canine Bordatella Yes No Feline FVRCP Yes No FELV Yes No

**FOR OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Contacted by: \_\_\_\_\_

Do owners have a regular vet? Yes No If yes who? \_\_\_\_\_

How did owners hear about Spay-it-Forward? \_\_\_\_\_

Where did owner get their pet(s)? \_\_\_\_\_

Has applicant used this program before? Yes No If yes when? \_\_\_\_\_

Surgery date(s) scheduled for: Pet #1 \_\_\_\_\_ Pet #2 \_\_\_\_\_ Pet #3 \_\_\_\_\_ Pet #4 \_\_\_\_\_

Co-payment received: \_\_\_\_\_ \$ \_\_\_\_\_

Notes: \_\_\_\_\_