



los huerfanos  
animal welfare  
ASSOCIATION

## LHAWA Spay Neuter Assistance Program Application

### How do I apply?

Complete one application for each owned pet you wish to receive services for.

**Please return your application to:  
Los Huerfanos Animal Welfare Association  
P.O. Box 8, Walsenburg, CO 81089**

**\*\*Please make sure to include proof of income or financial assistance.\*\***

You may also apply online at [www.LHAWA.org](http://www.LHAWA.org) or by emailing your application to:  
[LHAWAinfo@gmail.com](mailto:LHAWAinfo@gmail.com)

Pet Owner's Name: \_\_\_\_\_

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

Mailing Address (if different than physical address):  
\_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Breed: \_\_\_\_\_

Pet's Age/Date of Birth: \_\_\_\_\_ Pet's Gender: \_\_\_\_\_

Pet weight: \_\_\_\_\_

Pet is:  Owned Dog  Owned Cat

Does the pet have any medical conditions or health problems? If so, please list what they are:

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**If your pet is female and is older than 6 months, has your pet: (please check all that apply)**

Come into heat yet? If so, when was the last time she was in heat? \_\_\_\_\_

Had a litter of puppies previously? If so, how many litters has she had? \_\_\_\_\_

Is your dog or cat currently pregnant?

**What services are you requesting today?**

Spay/Neuter  Vaccinations  Microchip  I don't know

Do you have a regular veterinarian that you take your pet to?  Yes  No

Who is your regular veterinarian? \_\_\_\_\_

**Do you receive any financial assistance from the government?**  Yes  No

(Examples of financial assistance include: Social Security, Energy or Food Assistance, Medicaid, Unemployment Benefits, etc.)

**\*\*\*If you answered yes to the above question, please attach a copy of your benefit letter or check stub to this application. \*\*\***

**If you are NOT currently receiving any type of government assistance, please answer the following:**

Are you employed?  Yes  No

How many family members live in your household? \_\_\_\_\_

What is the Total Gross Income (total annual income earned before taxes) of all those living in the household? \_\_\_\_\_

**\*\*\*If you are employed, please attach a copy of 2 months of your most recent paycheck stubs to the application.\*\*\***

Please note that determination of application approval will be based on benefits received or income earned. Please make sure to provide 1 of the following:

- 2 months of paycheck stubs
- W2 tax forms
- Unemployment Benefit check stub
- Social Security benefit check stub
- Other income verification documentation to the application.

**The application process will be delayed if the proper documentation is not received at the time of the application.**

By completing and signing this document, I am requesting that services be provided to my pet through LHAWA's Spay Neuter Assistance Program (SNAP). I understand that LHAWA provides funds to assist pet owners with the cost of spaying, neutering, vaccinations, or microchipping services that will be completed at a partnered veterinarian clinic and there is a portion of the cost that I must pay prior to or at the time of my scheduled appointment. Partnered veterinarians are providing all veterinary services and LHAWA holds no liability in medical outcomes or additional services and/or costs you receive.

I also understand that if I need to reschedule my original appointment that this must be done directly through the Vet Clinic at least 24 hours before the date of the procedure. In addition, I understand that if I NO CALL/NO SHOW my first appointment, I will be forfeiting SNAP assistance for 6 months and will be able to reapply again for services after 6 months have passed. If I NO CALL/NO SHOW the second application/appointment, I understand that I will be forfeiting SNAP assistance indefinitely.

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

**Signature of Applicant:** \_\_\_\_\_

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**FOR LHAWA APPROVAL:**

Is application complete?  Yes  No

Have income or benefits verification been attached?  Yes  No

Is applicant eligible to receive SNAP assistance?  Yes  No

Application Received: \_\_\_\_\_

Applicant contacted: \_\_\_\_\_

Which veterinarian will the applicant be going to? \_\_\_\_\_

Applicant's portion: \_\_\_\_\_