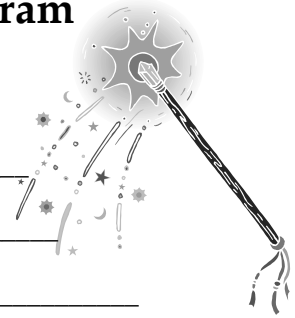


Delta Animal Shelter's Cinderella Program
Spay / Neuter Application
(Delta County Residents Only)



Date: _____ Daytime Phone: _____
Name: _____
Address: _____
City/Town: _____ State: Michigan Zip: _____

Household Monthly Gross Income, before taxes: \$ _____
Proof of income is required. Attach a copy of proof of income, such as the last two pay stubs or a copy of last year's Federal Tax Return.

Do you participate in any public assistance programs, such as Food Stamps, Medicare/Medicaid, etc? Yes No

Have you ever applied for the Cinderella Program before? Yes No

Total Members of the Household (including self): _____

Veterinary Clinic you wish to use (circle one below):

Escanaba Veterinary Clinic (Escanaba) / *Bay Veterinary Clinic* (Gladstone) / *Country Vet Clinic* (Rapid River)
Best Friends Veterinary Clinic (Wilson)

Type of Pet: _____ Pet's Age: _____
(Only 1 pet per application.)

Procedure is for a (circle one): Male Female

Veterinarian's Comments:

The veterinarian's office of YOUR choice will contact you with the amount covered by DAS. You will then have **90 days**, from the date you are notified to have the procedure completed. If you are unable to comply, the monies will be returned to the DAS and you will need to reapply.

There is a minimum charge of \$35 for the procedure. The procedure only includes the pre-op exam, the procedure itself, and pain medication. Any blood work, tests, vaccines, licenses, etc. will be additional out-of-pocket expenses not covered by this program.

I have read and understand the Cinderella Program is intended for low-income pet owners. I certify that the information on this application is accurate.

Signature Date

Return this completed form to:

Escanaba Veterinary Clinic, The Country Vet Clinic, Best Friends Veterinary Clinic **OR**
mail to the **Delta Animal Shelter, 6685 N.75 Ln, Escanaba MI 49829**

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(For Office Use Only)

Applicant's Name: _____

Daytime Phone # _____ Date and Time Contacted: _____

Type of procedure to be performed: SPAY / NEUTER Type of pet: DOG CAT OTHER

Pet's Age: _____ Amount to be covered by DAAS: \$ _____