

## Vaccine Allowance Questionnaire

We have been fortunate to have been awarded grants by the Anne and George Clapp Foundation and the Blessings Project Foundation to help needy clients with vaccinations. We can offer financial help with shots that are required by vets who will be doing the spay/neuter surgery. Please fill out the questionnaire truthfully and to the best of your knowledge, and we will consider offering you a vaccination allowance.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County (if other than Forsyth) \_\_\_\_\_

Are you employed? Yes \_\_\_ No \_\_\_ If no, please state the assistance and amount you receive \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_

How many other pets do you have? \_\_\_\_\_ Are they spayed/neutered? Yes \_\_\_ No \_\_\_

How many people live in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_

Did you pay any money for your pet? Yes \_\_\_ No \_\_\_

Is this pet up for adoption? Yes \_\_\_ No \_\_\_ If yes, please state how you intend to find a new home for the pet:  
\_\_\_\_\_

Is this pet part of a feral (wild) cat colony? Yes \_\_\_ No \_\_\_ If yes, please state how many cats are in the colony. \_\_\_\_\_ How many have been fixed? \_\_\_\_\_ Are you the colony caretaker? Yes \_\_\_ No \_\_\_ If yes, and you are working with another group to help with their spaying/neutering, please state the name of the group:  
\_\_\_\_\_

Thank you for filling out the questionnaire. Please mail it back with your spay/neuter questionnaire, and if you qualify, we will add a vaccination allowance to your spay/neuter voucher.

**For office use only:** Approved: Yes \_\_\_ No \_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Voucher Number(s) \_\_\_\_\_