



2024 LOW INCOME SPAY NEUTER APPLICATION REQUEST

Do you meet all the following criteria?

- You live in Floyd, Johnson, Magoffin or Martin county
- Annual Household Income is less than \$30,000 (proof of income required: income statement, SSI, SSD, unemployment, worker's comp, tax return, Snap, Medicaid, etc)
- Your Dog/Cat is a family pet (Not a foster, not used for breeding, not a recently adopted shelter pet)
- Can Afford a \$25.00 to \$30.00 co-pay

If you meet all the criteria above, please send proof of income and this application request form to AAEKY. Email: aaeky17@gmail.com

U. S. Mail: AAEKY, PO Box 234, Paintsville, KY 41240.

Upon receipt AAEKY will mail a Spay Neuter Application Form

Application Request is for only one pet.

Pet's Name: _____

Name: _____

Address: _____
PO Box, Street, City, State, Zip

Phone: _____

A current phone number, so that we may contact you, if necessary.

Select which veterinarian application you would like:

Highland Vet Clinic _____ West Liberty Vet Clinic _____

DO NOT SEND ANY MONEY WITH THIS REQUEST