



Spay/Neuter Voucher Program
Please email completed application to:
RescueRunners915@gmail.com

Name: _____
Contact Number: _____ Alternate Number: _____
Best time to contact me: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Please complete all sections below.

A) If you receive public assistance, please circle all that apply:

- | | |
|---------------------------|-------------------|
| County Federal Assistance | CHIP |
| Food Stamps | Medicaid |
| Medicare | Public Housing |
| Social Security | SSDI (Disability) |
| SSI | TANF |
| Unemployment benefits | VA Disability |
| WIC | Other _____ |

B) Dog Information:

Name: _____ Male / Female (Circle One)
Age: _____ Weight: _____ Color: _____
Breed: _____ Is your dog microchipped? Yes / No
Where did you get your Pet from? _____
Current on rabies vaccinations? Yes / No
Current on parvo/distemper vaccinations? Yes / No

**Preferred for dogs to be over 16 weeks for spay/neuter procedures.
Surgeries will only be performed on healthy pets.**

C) Please share with us your pet's story & attach any photos you would like to share.

Have you used Rescue Runners spay/neuter services in the past? _____
If yes, when and pet's name? _____

I certify that all the information provided is true, and agree to pay \$50 towards the procedure. This non-refundable deposit will be paid to The Veterinary Care Centers of Texas-El Paso upon scheduling. I also agree to volunteer my time by participating in at least one Rescue Runners event at the local shelter.

Signature: _____ Date: _____

Incomplete applications will not be considered or reviewed.