



**Application for Margaret Albrecht Spay and Neutering Assistance Program
Sponsored by the West Deer Dog Shelter
109 East Union Road Cheswick Pa 15024
724-265-2780**

Name: _____ Date: _____
Address: _____ Phone Number: _____
Alternative Phone: _____

West Deer Township Resident Yes No

Dogs: Male Female
Cats: Male Female Feral

Dog License: Yes No

Feral cats must be in a "Have a Heart" open trap

Animal Name: _____ Current Rabies Vaccination Yes No
Animal Age: _____

If Feral Cat location of colony: _____

**Feral cats must be returned to their colony after surgery
Feral cats will have their ear clipped for identification purposes**

Is the Animal Pregnant Yes No Unsure

Are you employed: Yes No
Is your spouse employed: Yes No Not Applicable

Employer: _____

Spouse's employer: _____

Combined Income: _____

How many dependents do you support: _____

Proof of income must be provided

Administrative Use Only

Application Accepted Application Denied