Pet Over Population Prevention (POPP) offers individuals assistance honored at Tri-Cities area veterinarians towards spay/neuter procedures ONLY. Applicant must currently be a benefit recipient of a state or federal public assistance program or have an income which falls within guidelines established by POPP. Our Spay/Neuter Programs are limited and participation is at the discretion and approval of POPP.

Please submit your complete application to:

POPP
Attn: Spay/Neuter Programs
PO Box 1730
Richland, WA 99352

Completed applications may be emailed to:
snassist@popptricities.org

A POPP representative will contact you by mail or phone to inform you of the assistance offered. If you have questions regarding the completion of the application or about other services we provide please call POPP at (509) 943-4722.

For POPP internal use only:
ID Verified: □ Yes □ No
Program Verification: □ Yes □ No
Approved: □ Yes □ No

IR:_____
SL: **0 CS CN FS FN F**

Value $_____

Date of Notification: _____

Tracking No. _____

Authorized by: _____

Spay/Neuter Assistance Application

Applicant's Legal Name (required):	
Mailing Address (required):	
City, State and Zip (required):	
Home Telephone (required):	Work/Cell Phone (optional):
Email Address (optional):	

Number of People in Household: _____ **(Required)**
Avg. Monthly Income: _____ **(Required)**

Please select any of the state or federal programs which your household currently participates and receives benefits from:

☐ Medicaid ☐ Section 8 Housing ☐ Temporary Assistance for Needy Families (TANF)
☐ Food Stamps ☐ SSD/SSI ☐ Other (please specify):
☐ WIC ☐ Major VA Disability

Do you have reliable transportation to get to/from veterinary appointments? ☐Yes ☐No
Do you have a local family veterinarian? ☐ Yes ☐No
If yes, name of local veterinary clinic: _____

What type of assistance are you seeking from POPP? Please indicate number of each type of procedure needed.

Dog Neuter _____ **Cat Neuter _____**
Approximate weight of male dog(s) _____
Dog Spay _____ **Cat Spay _____**
Approximate weight of female dog(s) _____

Please select the age level of the pets which need spayed/neutered?

☐ Under 6 months old ☐ 1-2 years old ☐ 3-5 years old
☐ 6months – 1 year old ☐ 2-3 years old ☐ Over 5 years old

Have you received a spay/neuter assistance certificate from POPP in the past? (Response does not make an applicant eligible or ineligible.) ☐ Yes, When:_____ ☐ No

Incomplete information will delay your application

I certify all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for ***disqualification of assistance***. I authorize POPP to contact any sources necessary to establish accuracy of the information given by me. I also certify that the pet(s) receiving surgery is my own and I am the legal owner of the pet(s). I understand that completing this application does not guarantee my pet will be provided assistance through this program and participation is at the discretion and approval of POPP.

Applicant Signature **Date**

Rev. 01.14.2007