

## FIX-A-PIT CERTIFICATE APPLICATION

**If you live in the Puget Sound region and have a pit bull or pit bull mix and can not afford the surgery, we provide FREE spay or neuter surgeries at approved veterinary clinics.**

**To qualify, fill out the application entirely and mail to:**

**Pawsitive Alliance, PO Box 176, North Bend WA 98045.**

*Your application will be reviewed and if approved a certificate will be mailed to you, the applicant, unless otherwise noted.*

(Please Print Clearly)			
Today's date:			
<b>APPLICANT INFORMATION</b>			
First name:		Last name:	
		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Street address:		Home phone no.:	Alternate phone no.:
		(    )	(    )
City:	State:	ZIP Code:	Email address:
Mailing address if different:			
Are you the dog(s) owner/primary caretaker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no:    What is the name of the dog(s) owner/ primary caretaker:			
What is your relationship to the dog's owner/primary caretaker? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:			
Do you have their permission to have the dog(s) spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Owner/Primary Caretaker's Information (if different):			
Street address:		Home phone no.:	Alternate phone no.:
		(    )	(    )
City:	State:	ZIP Code:	Email address:
Mailing address if different:			
<b>DOG INFORMATION</b>			
Note: There is no limit to the number of pit bulls or pit bull mixes we will provide a certificate for. Please list all dogs in need of spaying or neutering, if necessary, attach a separate sheet of paper.			
Dog's name:		Mixed Breed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age:	Color:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Has this animal been to a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approximate date of last visit:	
Clinic name and location:			
Has this animal received vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Last vaccinated:	
If dog is female, has she had puppies? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many litters?	What was the date of the most recent litter? What did you do with the puppies (circle all that apply): Keep, sell, take to a shelter, give them away, other:
Are you planning on keeping this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this dog licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where does the dog mainly stay (indoors, outdoors in kennel, yard, tethered, ):			
How did you acquire this pet?			
<input type="checkbox"/> Adopted from shelter/rescue group <input type="checkbox"/> Found as a stray <input type="checkbox"/> Given by stranger (i.e. Outside a store) <input type="checkbox"/> Given by friend/family <input type="checkbox"/> Other:		<input type="checkbox"/> Purchased from a pet store <input type="checkbox"/> Purchased from breeder <input type="checkbox"/> Purchased from individual (i.e. Newspaper ad) <input type="checkbox"/> Kept from litter	
What City/State did you acquire the animal?			
Are there circumstances that we need to be aware of (ie. Termination of pregnancy, pediatric spay, un-descended testicle, etc.) that would make the procedure more costly or hazardous to the animal? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:			

<b>GENERAL INFORMATION</b>	
Have you contacted other low cost spay/neuter resources for assistance? If yes, please provide the organization name and information:	
Have you previously applied with us for assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about Fix-A-Pit? PBRC Website    Pawsitive Alliance Website    Other: ____
Gross annual household income of dog's owner?	# of people in household:                      Owner's Year of birth:
Do you have other dogs or cats that need to be spayed/neutered? If so, include animal type, age gender and approximate weight and we will try to provide assistance or other options for you:	
<b>Note: Pawsitive Alliance cannot pay for any non-surgery related services such as vaccinations or other treatments. Any services beyond spay/neuter surgery will be at your expense.</b>	
I hereby certify that the information provided in this application is true and correct to the best of my knowledge.	
_____ <i>Applicant's signature:</i>	_____ <i>Date:</i>

**PAWSITIVE ALLIANCE'S MISSION IS TO END THE KILLING OF ADOPTABLE DOGS AND CATS IN WASHINGTON BY INCREASING SHELTER ADOPTIONS, PROGRAMS FOR SPAYING AND NEUTERING OF FAMILY PETS AND PROVIDING EDUCATIONAL RESOURCES AND TRAINING TO THE PUBLIC.**

**TO HELP SUPPORT THIS AND OTHER IMPORTANT PROGRAMS PLEASE CONTRIBUTE TODAY.**

**PAWSITIVE ALLIANCE  
PO BOX 176  
NORTH BEND WA 98045  
INFO@PAWSITIVEALLIANCE.ORG  
WWW.PAWSITIVEALLIANCE.ORG**