



# Pawsitive Alliance

Helping people help pets

## FIX-A-PIT CERTIFICATE APPLICATION

The Fix-A-Pit program is for pet owners in King, Snohomish, or Skagit counties who would like to spay or neuter their pit bull or pit bull mix and cannot afford the surgery without assistance. We do not have the funds to pay for surgeries for dogs in the possession of rescues and shelters. If approved, we provide spay or neuter surgeries at clinics in Stanwood or Tacoma (a \$20.00 co-pay will be required).

**To qualify, fill out the application entirely and mail to:  
Pawsitive Alliance, PO Box 176, North Bend WA 98045  
or email it to [info@pawsitivealliance.org](mailto:info@pawsitivealliance.org)  
Facsimile: 425-642-8125**

*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:

### APPLICANT INFORMATION

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:							

### DOG INFORMATION

**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"/> Purchased from a pet store	
<input type="checkbox"/> Found as a stray		<input type="checkbox"/> Purchased from breeder	
<input type="checkbox"/> Given by stranger (i.e. Outside a store)		<input type="checkbox"/> Purchased from individual (i.e. Newspaper ad)	
<input type="checkbox"/> Given by friend/family		<input type="checkbox"/> Kept from litter	
<input type="checkbox"/> Other:			
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:			
What are the reasons why your pet needs to be spay/neutered? Please circle one of the following options:			
Couldn't afford it without this program			
Wanted my dog to have a litter			
Wanted a puppy			
Animal wasn't old enough			
Concerned surgery would impact pet's health			
Hope surgery will reduce behavior problems			
Someone in my family didn't want the pet altered			
Other—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:			
		What is the status of the assistance from other organizations?	
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 might be able to assist 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.			
Applicant's signature (electronic version (typed)is fine):			Date:

**PAWSITIVE ALLIANCE'S MISSION IS TO HELP END THE KILLING OF ADOPTABLE DOGS AND CATS IN WASHINGTON BY INCREASING ADOPTIONS, SUPPORTING SPAY AND NEUTER PROGRAMS, AND IMPROVING PET RETENTION.**

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