

PRELIMINARY APPLICATION – LOW COST SPAY/NEUTER PROGRAM

**MISSISSIPPI ANIMAL RESCUE LEAGUE
5221 GREENWAY DRIVE EXT.
JACKSON, MS 39204**

**** NOT VALID AT VETERINARY CLINIC ****

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

I receive: (check one)

_____ Medicaid

_____ Medicare

_____ Food Stamps

_____ VA Disability

_____ Social Security Disability

_____ Social Security Retirement

_____ Aid to Dependent Children

_____ Unemployment Benefits

Account or Claim Number _____

Type of Pet:

_____ Male Cat - \$20

_____ Female Cat - \$30

_____ Male Dog - \$30

_____ Female Dog - \$40

Age of Pet _____

Vaccinations Current _____

Breed _____

Personal Reference:

Name _____

Phone Number _____

Veterinarian: (please include name of clinic)

1st Choice _____

2nd Choice _____

3rd Choice _____

Signature _____ Date _____

Please complete this form and return with check or money order payable to MARL. You will then be sent a certificate to be used at the vet clinic. You will be assigned one of the veterinarians you have listed above to perform the operation. If none of those vets are available, you will be assigned a veterinarian in your area. If you have any questions, please call 601-969-1631.