

**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)

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> 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.