



**P.O. Box 111 Los Lunas, NM 87031 (505) 866-2035**

APPLICATIONS FOR COMMUNITY ASSISTAND PROGRAM REDUCED SPAY/NEUTER SERVICES. CAP PROVIDES REDUCED SYAING OR NEUTERING FOR DOGS AND CATS LIVING IN INCOMING-QUALIFIED FAMILIES. CAP IS A NON-PROFIT PROGRAM OF BRO & TRACY INC.; CAP IS FUNDED THROUGH CITIZEN DONATIONS.

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_, **New Mexico Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Animal Name** \_\_\_\_\_ **Species:** DOG CAT **Sex:** MALE FEMALE

**Is pet in heat:** YES NO **Pregnant:** YES NO **If male, are both testicles descended:** YES NO

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**How did you hear about CAP?** \_\_\_\_\_

**QUALIFICATION:**

The dog or cat described above qualifies for reduced fee program service because a member of my household receives one or more of the following form(s) of needs-based public assistance and lives in New Mexico

Circle on or more: GA FS UI RMA WIC TANF SSI SSD AFH VA SEC.8 UNEMPLOYMENT, MEDICAID. **NOTE: DOCUMENTATION VERIFICATION IS REQUIRED AT THE TIME APPLICATION IS SUBMITTED.**

By signing below, I certify that the information regarding my qualification is true. I understand that if my qualification is determined to be untrue, CAP will require me to pay the full cost of the services provided and may take legal action against me. Furthermore, I understand that making an untrue statement on this application may constitute fraud and may be a prosecutable offense.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: ONE FORM MUST BE COMPLETED FOR EACH ANIMAL**