

Ark Animal Hospital
15714 Bear Valley Rd.
Victorville, CA 92395
(760) 245-7300

Application for Free Spay & Neuter Program
Spay & Neuter Program of the County of San Bernardino

Name (*owner*): _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Number of pets: _____

(You will have to fill out an individual form per pet applying for this program)

Pet Name: _____

Breed: _____ Male Female Age _____ Weight _____

Please state your reason for applying for the Free Spay & Neuter Program:

(Statement of financial hardship)

Along with this application, please provide one of the following as proof of income:

- California Resident Income Tax Return Form 540 or;
- W-2 Income Form or;
- DWP Lifeline Bill or;
- Award Letter of the amount of SSI benefits, General Relief, or Cal Works/AFDC or;
- Southern California Gas CARE Program

Date: _____

Signature: _____