



P.O. BOX 3100 • PHONE 325-643-5451
EARLY, TEXAS 76803

SPAY / NEUTER / MICROCHIP APPLICATION

(FOR CITIZENS IN THE INCORPORATED CITY LIMITS OF EARLY)
Please complete each section

APPLYING FOR

☐ Spay / Neuter ☐ VACCINATIONS ☐ MICROCHIP

Vaccinations are only done with Spay/Neuter or Microchip procedure

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

E-MAIL: _____ PHONE: _____

WATER ACCOUNT NUMBER: _____

NUMBER OF ADULTS/CHILDREN IN THE HOUSEHOLD: _____ / _____

NUMBER OF PETS: _____

NUMBER OF EMPLOYED HOUSEHOLD MEMBERS: _____

YEARLY HOUSEHOLD INCOME: _____

DO YOU RECEIVE ANY OF THE FOLLOWING ASSISTANCE PROGRAMS:

☐ WIC ☐ SNAP / EBT ☐ SS DISABILITY ☐ MEDICAID ☐ MEDICARE ☐ DISABLED VET

☐ OTHER: _____

If you request a different Veterinarian for the spay/neuter other
than the required location for microchipping. Check this Box

☐

PET INFORMATION

DOG OR CAT? ☐ DOG ☐ CAT

PET NAME: _____

GENDER ☐ MALE ☐ FEMALE

COLOR _____ BREED _____ AGE _____

CURRENT WEIGHT OF PET: _____

DOES YOUR PET HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?

☐ PREGNANT ☐ HEAT ☐ CRYPTORCHIDISM

DOES YOUR PET HAVE RABIES VACCINATION? ☐ YES ☐ NO DATE _____

DISCLAIMER

The applicant understands the City of Early assists citizens (in the incorporated city limits of Early) with getting their pets spayed or neutered, Vaccinations and/or Microchipping and is not held liable for any complications that arise during or after the surgery. This application is not a guarantee the applicant will be accepted into the program. This application covers only one pet from the household. (Spay & Neuter) This application is not a promise for future vaccinations. Approval of your application does not mean the City of Early will fully cover your pets' surgery. If approved, the voucher will only cover the spaying, neutering, and rabies (if needed) vaccination and Microchipping of your pet. If you have any questions, please call the Early Police Department.

Microchipping must be done at the Central Texas Veterinary Hospital located at 3312 HWY 183 North in Early, Texas

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual acceptance into the program, I understand that any false or misleading information in my application will result in rejection

SIGNATURE _____ DATE _____

PRINT NAME _____

FOR CITY OF EARLY USE BELOW THIS POINT

☐ APPROVAL

☐ DENIAL

IF APPLICANT PREFERS A DIFFERENT VETERINARIAN FOR SPAY/NEUTER THAN THE REQUIRED LOCATION FOR MICROCHIP. PREPARE A 2nd VOUCHER

AUTHORIZING CITY OFFICIAL:

SIGNATURE _____ DATE _____

PRINT NAME _____