



ROBINSON'S  
RESCUE

2515 Line Ave.  
Shreveport, LA 71104  
318-221-0017

## OFFICIAL SSNIP APPLICATION FORM

### ELIGIBILITY:

Individuals **MUST** have an income of **\$1,800** or less per month.

Married couples **MUST** have an income of **\$2,800** or less per month.

### APPLICANT:

Please **COMPLETE** application and **RETURN** it to the clinic. You **MUST** have a **COPY** of your proof of income and Louisiana ID attached to application (**We do not make copies for you**). Proof of income may be a paycheck stub, social security document, food stamps summary, Income tax, etc. Document **MUST** include dollar amount of money received and you **MUST** have one of these documents to qualify for FREE service. Service includes spay/neuter surgery and rabies.

### OWNER INFORMATION:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If you have multiple animals, an application **MUST** be filled out for each animal.

**ANIMAL INFORMATION:** (Circle one) CAT DOG MALE FEMALE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

You **MUST** have your application and copied proof of income/ID the **MORNING** of your appointment or you will be responsible for the cost of services.

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date \_\_\_\_\_