



ROBINSON'S
RESCUE

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

OFFICIAL SSNIP APPLICATION FORM

ELIGIBILITY:

Individuals **MUST** have an income of **\$2,100** or less per month.

Married couples **MUST** have an income of **\$3,100** or less per month.

APPLICANT:

Please **COMPLETE** application and **RETURN** it to the clinic. You **MUST** have a **COPY** of your proof of income 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 by the **MORNING** of your appointment or you will be responsible for the cost of services.

Owner Signature: _____ Date _____

Authorized By: _____ Date _____