Cass County Animal Control
323 M-62 North PO BOX 132
Cassopolis, MI. 49031
Office (269)445-3701 Fax (269)445-5018
CCACSHELTER.ORG

SPAY/NEUTER APPLICATION

This form will help us make the best use of limited funds available for spay/neuter donations made to our Shelter. Our program is designed to help pet owners of Cass County, who could not otherwise afford this surgery for their pet. The money for this service is not from county, state, or federal funds. It is money donated to the Cass County Animal Shelter to provide this and other services for animals. Shelter staff will review the following information and determine what payment if any for the spay/neuter procedure will be made.

1. Do you currently have a veterinarian for your pets? ___Yes ___No
2. Name of Veterinarian:_____
3. Bergman, Fedore, Town & Country, ABC Clinic, Dowagiac Animal Hospital or MMAVS. Circle one.
4. Number of pets in household_____ How long have you had the animal(s)? _____

   Description of Pet(s) you are seeking financial assistance to alter:

   Name: _____ Species: _____ Approx Weight: _____

   Breed: _____ Sex: _____ Age: _____ Color: _____

   Name: _____ Species: _____ Approx Weight: _____

   Breed: _____ Sex: _____ Age: _____ Color: _____

   Name: _____ Species: _____ Approx Weight: _____

   Breed: _____ Sex: _____ Age: _____ Color: _____

   Name: _____ Species: _____ Approx Weight: _____

   Breed: _____ Sex: _____ Age: _____ Color: _____

OWNER INFORMATION: Name: _____

Address:_____

Signature: _____ Phone Number: _____

Email Address: _____

Please return this form to the Cass County Animal Shelter at the address above.

Requirements for assistance

All of your dogs must have a current Cass County Dog License
Do not make an appointment under this program until you have been approved
Only for Cass County Residents