



MAILING ADDRESS:  
 A TIME 4 PAWS  
 P. O. Box 2982  
 Crossville, TN 38557  
 E-Mail: [savetnpets@gmail.com](mailto:savetnpets@gmail.com)  
 Web Site: [www.at4p.org](http://www.at4p.org)  
 FEID: 94-3476812

PHYSICAL LOCATIONS:  
 A TIME 4 PAWS ADOPTION CENTER  
 594 Cook Road  
 Crossville, TN 38555  
 Phone: 931-456-6906  
 A TIME 4 PAWS THRIFT STORE  
 1241 West Avenue  
 Crossville, TN 38555  
 Phone: 931-787-0610

**SPAY / NEUTER GRANT APPLICATION**

Dear Client:

This is our spay and neuter grant application. Please complete and return it with proof of income below \$25,000. The entire household must be included with income total. Return to A Time 4 Paws Thrift store, 1241 West Avenue, Crossville, TN or the Adoption Center, 594 Cook Road, Crossville, TN. Upon return of the application WITH proof of income, you will be approved or denied at that time. It is your responsibility to make an appointment for surgery. **The grant only covers the actual cost of the surgery and no other services** provided or required by the veterinarian you select. On surgery day A Time 4 Paws will pay the scheduled amount and nothing more. **We pay up to the following amount: Spay of a Female cat: \$150.00, Spay of a Female dog: \$200.00, Neuter of a Male cat: \$100.00, Neuter of a Male dog: \$150.00.** If you have any questions, call the Adoption center at 931-456-6906.

Date: \_\_\_\_\_

1. PRINT CLIENT'S NAME: \_\_\_\_\_
2. PRINT ADDRESS: \_\_\_\_\_
3. PRINT CITY, STATE, ZIP: \_\_\_\_\_
4. CONTACT PHONE NUMBER: \_\_\_\_\_
5. E-MAIL ADDRESS: \_\_\_\_\_

THIS REQUEST COVERS THE FOLLOWING ANIMAL(S):

DOG \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE: \_\_\_\_\_ NAME: \_\_\_\_\_

COLOR \_\_\_\_\_ BREED \_\_\_\_\_

DOG \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE: \_\_\_\_\_ NAME: \_\_\_\_\_

COLOR \_\_\_\_\_ BREED \_\_\_\_\_

CAT \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_ NAME: \_\_\_\_\_

COLOR \_\_\_\_\_ BREED \_\_\_\_\_

CAT \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_ NAME: \_\_\_\_\_

COLOR \_\_\_\_\_ BREED \_\_\_\_\_

OVER

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. YOUR AGE GROUP:  18-30  30-60  OVER 60
2. YEARLY INCOME:  UNDER \$10,000  \$10,000-\$15,000  \$15,000.- \$25,000
3. EMPLOYMENT STATUS : EMPLOYED:  UNEMPLOYED  RETIRED
4. ARE YOU ON SOCIAL SECURITY?  YES  NO IF YES, MONTHLY AMOUNT RECEIVED \_\_\_\_\_
5. ARE YOU ON TENN-CARE THROUGH THE STATE OF TENNESSEE?  YES  NO
6. DO YOU RECEIVE ASSISTANCE FROM **UPPER CUMBERLAND HUMAN RESOURCE AGENCY**?  YES  NO
7. ARE YOU ON SECTION 8 HOUSING?  YES  NO .
8. DO YOU RECEIVE DISABILITY PAYMENTS?  YES  NO. IF YES, ARE YOUR PAYMENTS FROM THE STATE OF TENNESSEE OR ANOTHER STATE OR A PRIVATE COMPANY. \_\_\_\_\_
9. DO YOU RECEIVE FOOD STAMP ASSISTANCE?  YES  NO
10. HOW MANY DEPENDANTS DO YOU HAVE LIVING WITH YOU? \_\_\_\_\_
11. DO YOU RECEIVE ASSISTANCE FROM ANY **OTHER** COUNTY OR STATE AGENCY?  YES  NO IF YES, WHAT AGENCY \_\_\_\_\_
12. HOW MANY ANIMALS DO YOU CURRENTLY HAVE? \_\_\_\_\_
13. ARE ANY OF YOUR CURRENT ANIMALS SPAYED OR NEUTERED:  YES  NO

**YOU MUST BRING YOUR COPY OF THE ACCEPTED APPLICATION TO THE VETERINARIAN ON YOUR APPOINTMENT DAY**

**I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\*

**TO BE COMPLETED BY A TIME 4 PAWS REPRESENTATIVE:**

**APPROVED FOR SERVICES:**  YES  NO IF NO, SPECIFY REASON: \_\_\_\_\_

**VERIFIED INCOME:**  YES  NO IF NO, SPECIFY REASON: \_\_\_\_\_

**SURGERY DATE:** \_\_\_\_\_

**SURGERY LOCATION:** \_\_\_\_\_

**(PRINT) NAME OF PERSON APPROVING SERVICES:** \_\_\_\_\_

**(SIGNATURE)** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

**TN ANIMAL FRIENDLY GRANT**   
**A TIME 4 PAWS COMMUNITY GRANT**