

TOPCats Spay/Neuter Application

This program is limited to Paradise, Magalia, and Stirling City residents. Funds are limited, and we want to help as many cats as possible. If you can afford to pay at least a portion of the cost, please do so and allow us to provide free services to those truly in financial need. One application per animal.

Name _____
Address (no P. O. Boxes) _____
Mailing address (if different) _____
City _____
Phone # _____
Gross household monthly income \$ _____
Source of income _____
Employer _____
How many in household? _____ adults _____ children
Cat's name _____ Age _____
Male _____ Female _____

Cats will be spayed and or neutered. Veterinarians may require a rabies vaccination at your cost unless proof of rabies can be shown.

I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading. I will not hold TOPCats, or any volunteer, veterinarian, or employee liable for any complications resulting from the medical procedure for which I am applying. Signature _____ Date _____

Mail Application to:
TOPCats on the Ridge
P. O. Box 2281
Paradise, CA 95967
No phone calls, please.

You will receive your voucher and a list of participating veterinarians in the mail. Once you receive your voucher, please call one of the veterinarians to schedule an appointment and inform them that you have a TOPCats voucher. Voucher must be presented at the time of surgery.

