

Operation Spay Gray Application

You must fill out this application and be approved before your dog's surgery. We will respond to you within a week of receiving your application. You will have 60 days after approval to get your dog spayed/neutered. Please contact us if you have any questions or concerns.

Please be advised that this program applies only to purebred weimaraners throughout the states of New Jersey, Pennsylvania and Delaware

Date:	
Your Name:	
Address:	
Home Phone:	
Cell Phone:	
Email Address:	
Dog's Name & DOB:	
Sex of Dog:	
Where did you obtain your dog?	
Has your dog ever been used for breeding?	
How many litters were produced and when?	
Why has your dog not been altered to date?	
Are the other pets in your home altered?	
Please list the name and address of the vet you plan to use for the surgery:	

Please include proof of residency (such as a driver's license or utility bill) and a current picture of your dog. This information may also be emailed to treasurer@tristateweimrescue.org

Please mail completed application and proof of residency/photos to:

**Tri State Weimaraner Rescue
3119 Belvidere Road
Phillipsburg, NJ 08865**