



Austin/Travis County Animal Services

1156 W. Cesar Chavez Austin, TX 78703

Animal Control Program - 311

Fax - (512) 972-6052

Tethering Investigator - (512)972-6014

FENCING ASSISTANCE APPLICATION

Date _____ DOB: _____

Name _____

Address _____

City, State, Zip code _____

Telephone # _____ H,M,W

Alternate # _____ H,M,W

Number of dependents in Home _____

Dependant name & age _____

Dependant name & age _____

Legal name of spouse/partner _____

Total annual household income \$ _____

Supplemental income (food stamps, medicaid,etc) _____

Are you currently employed? Yes No

Name of employer and telephone # _____

Is your spouse employed? Yes No

Name of employer and telephone # _____

Do you own your home? Yes No

Are you renting? Yes No

If yes, do you have permission by the home owner to build on the property?

Yes No (a letter must be provided by landlord with their current phone number)

What is the size of the yard? _____ sqft

(NOTE: you must have enough room to build a 150sqft pen to qualify)

This application is for assistance with:

_____ materials for a **NEW** fence

_____ materials to repair/reinforce an existing fence

DOG INFORMATION

NOTE: All animals MUST be spayed/neutered and currently rabies vaccinated in order to qualify for fencing assistance. Please enclose a copy of the animals rabies certificate

Name of Dog: _____
Age of Dog: _____
Breed of Dog: _____
Color and markings of Dog: _____
Sex: _____ spayed female _____ Neutered male
weight of dog _____ lbs
Rabies tag # R: _____
Date rabies shot was given: _____
Vet clinic name & address: _____
Heartworm positive _____ Heartworm negative _____ Unknown _____

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Age of Dog: _____
Breed of Dog: _____
Color and markings of Dog: _____
Sex: _____ spayed female _____ Neutered male
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Agreement

I understand that this program is limited to **AUSTIN** residents, who currently have a spay/neutered dog that is current on its rabies vaccinations. I understand that applications for financial assistance will be considered as funds are available. I will complete construction /repair of the fence/pen within **14 days** of receiving fencing materials. I understand that failure to construct the pen within 14 days may result in citations and fines will be assessed by municipal court.

Applicant's signature _____
Applicant's printed name _____
Date of signature _____

Please **mail** a complete application, vet records containing rabies vaccination, heartworm test, spay/neuter. Proof of income and a landlord letter if applicable to:

Fencing Assistance Program
1156 W Cesar Chavez
Austin, TX 78703