**EXHIBIT I**

**CLIENT INFORMATION**

**ZOONOSIS CONTROL PROGRAM ANIMAL FRIENDLY GRANT**

**DSHS CONTRACT NO:**

**Contract Term: August 31, 2025, through August 30, 2026**

**A separate application must be completed for each animal being Sterilized. Successful Applicants for the grant may use this form as a template or may require additional information from their clients.**

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| Client last name: | | | | | | | |  | | | | First name: | | | |  | | | |
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| Address: | | |  | | | | | | | | | | | | | | | | |
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| City: |  | | | | | | | | | | | | | State: | | |  | | |
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| Home phone: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Work phone: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| Animal name: | | | | | |  | | | | Species: |  | | | | | | | Sex: |  |
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| Breed: | |  | | | | | | | | | | | Color: | |  | | | | |
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| **Completed by:** | | | | | | | | | | | |  | | | | | | | |
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| Print Name: | | | | |  | | | | | | | | | | | | | | |
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| Signature: | | | |  | | | | | | | | | | | | | | | |
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| Date Sterilization was Performed: | | | | | | | | | |  | | | | | | | | | |
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| Name of Veterinarian: | | | | | | | | |  | | | | | | | | | | |
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| Dollar Amount | | | | | | |  | | | | | | | | | | | | |