



# Humane Society of Jackson County

1109 G. Avenue West - P.O. Box 135  
Seymour, IN 47274

812-522-5200

www.jchumane.org

## S.N.A.P SPAY NEUTER ASSISTANCE PROGRAM

### Tell us about yourself:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

What is your total monthly income for all persons in the home? \_\_\_\_\_

### Tell us about your pet:

Check one:

Is this a  DOG  CAT Age of the animal to be sterilized? \_\_\_\_\_

When was the last time your pet visited the veterinarian? \_\_\_\_\_

What was the reason? \_\_\_\_\_

Is your pet current on vaccinations?  YES  NO

For your pet's protection, we strongly recommend that vaccinations be current before going in for surgery. Vaccinations can be given at the time of surgery at the owner's expense.

### Please write a short paragraph explaining why you would like assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS APPLICATION IS ONLY FOR THE ABOVE ANIMAL. NO SUBSTITUTIONS MAY BE MADE.** I agree to to waive all liability against the Humane Society of Jackson County in connection with any incidents or situations that arise in relation to the sterilization surgery appointment. Please remit application to the address above. All applications are subject to approval by the Board of Directors.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE ONLY**

Approved  Denied

Authorizing agent \_\_\_\_\_

If denied, please state reason. \_\_\_\_\_