

S.N.A.P SPAY NEUTER ASSISTANCE PROGRAM  
Humane Society of Jackson County

Name\_\_\_\_\_

Pet's name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

Telephone\_\_\_\_\_

Name of your veterinarian\_\_\_\_\_

Age of animal to be spayed or neutered\_\_\_\_\_

Is this a dog or cat? (Circle one)

Gender\_\_\_\_\_ Weight\_\_\_\_\_

Please note that this application is only for the above listed animal, no substitutions may be made.

Is your pet current on all vaccinations? \_\_\_\_\_  
Animals are to have current vaccinations.

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

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

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

Please write a short paragraph explaining why you need this assistance.

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Please send this form to:

The Humane Society of Jackson County

P.O. Box 135

Seymour, IN 47274