



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. _____