

Spay/Neuter Assistance Application

Complete one application for each pet. Applications may be submitted by mail, fax, email or returned to the HSNC office.

Payment is due when the application is submitted.

Date Completed: _____

Owner Information:

Name	
Address	City, State, Zip
Phone	E-Mail

Pet Information:

Name	Species	Sex	Breed	Color	Age	Weight
	Dog / Cat	M / F				lbs

Current Vet: _____

Is your pet's rabies vaccination current? Yes No

***** Your pet's rabies vaccination must be current on or prior to the surgery date. *****

Co-Pay Information:

Amount paid: _____ (minimum: neuter \$30 / spay \$50)

If you can afford to pay more than the minimum co-pay toward the costs of the surgery, we ask that you please do so. Assisting with the cost allows us to continue to help others who also need this service. Our funds are all from private donations and are limited.

Financial Need (check all that apply and attach documentation of public assistance):

- Children's Health Ins Plan (CHIP) Medicaid Supplemental Nutrition Assistance Program (SNAP) Temp Assistance for Needy Families (TANF) Supplemental Nutrition for Women, Infants & Children (WIC) Social Security Disability (SSD) Supplemental Security Income (SSI) Public Housing & Housing Choice Vouchers (HUD) Other (explain)

Where did you pick up our application? _____

The Humane Society of Navarro County is dedicated to saving lives by preventing births of unwanted dogs and cats in Navarro County. We will assist you with the cost of the spay/neuter surgery; however, you are responsible for making your own appointment with the designated veterinarian. All vouchers must be used within 30 days of issue.

Congratulations on your decision to spay or neuter your pet!

Revised 7/1/2015 – HSNC

Office Use Only: _____ Date Pd _____ Pymt Method _____ Amt Pd