

Personal Information (Please Print)

Applicants Last Name	First Name	Home Phone
<i>Other Adults in household</i> Last Name	First Name	Cell (other contact #)
Street Address	E-mail Address	
City	State	ZIP

Employment and Income Data

Please Note: This application will not be processed without proof of current income of all adults residing in the household. Please include photocopies of pay stubs, tax papers, or bank statements. Also include proof of any government assistance.

Applicant's place of Employment			
Other Adult's place of Employment			
Number of Dependents	+	Number of Adults	=
Monthly Household Income		Other Income	Total in Household
		Source of other Income	(Attach Verification)

Please list any other information that should be considered while processing this application (i.e child support, children in college, etc.). Also, attach proof of any government assistance you are receiving.

Pet Information - *No more than 2 pets can be submitted*

a. Pet # 1

Pet's Name	Cat or Dog?	Male or Female	Age
Breed	Approximate Weight		

a. Pet # 2

Pet's Name	Cat or Dog?	Male or Female	Age
Breed	Approximate Weight		

Please note that the Humane Society of Elkhart County will pay only for the spay/neuter surgery. You will be responsible for all other charges that may be required by the veterinary clinic (exam, vaccines, blood test, etc.).

READ THIS SECTION CAREFULLY BEFORE SIGNING

I understand the following: 1. Rabies vaccinations must be up to date prior to my animal's surgery. If the rabies vaccination is not up to date, arrangements must be made with the veterinarian to do this and all related costs for the vaccination and a possible exam are at my expense. 2. The Humane Society will pay up to \$100 for the cost of the spay or neutering of my animal. All other related expenses are my responsibility. 3. The veterinarian has the right to refuse to perform the surgery at his/her discretion. 4. Additional fees to the pet owner might be incurred if the pet is pregnant, in heat, obese, geriatric or if complications develop during surgery.

I, the undersigned, do hereby release the Humane Society of Elkhart County, and their agents, principals, officers, directors, employees and all other persons from any and all claims, demands, and suits of any kind whatsoever resulting in any way from the spaying/neutering of my pet. This includes without limitation the death, injury, loss of pet, or improper handling while at home or in the care of the veterinarian. I do hereby agree to indemnify and save harmless the HSEC and their agents, principals, officers, directors, employees, and all other persons from any and all claims, demands, and suits against it resulting in any way from foregoing activities. I hereby release the HSEC, their agents, principals, officers, directors, employees and all other persons from the responsibility of additional fees either before or after the initial surgery if complications occur or if additional care is needed.

I have read and understand this release and hereby state that the information on the application is accurate and complete.

Print Name

Signature (Must be at least 18 years of age)

Date

Please Note: *This application will not be processed without proof of income. Please include photocopies of pay stubs, tax papers, or bank statements. Also include proof of any government assistance.*

Office Use Only:

Approved Date: _____

Denied Date: _____

Annual Income: _____

Notes: