



Andalusia Area Humane Society Inc.

Application for Spay-Neuter Low-Income Family Assistance Program

Incomplete applications will not be processed—Limited to one procedure per family

Name _____ Phone _____

Address _____

Driver's License Number & State _____

Place of Employment _____ How Long? _____

Work Phone _____ Cell Phone _____

Annual Household Income _____

Number in Household _____ Ages _____

Applicant is Applying for Spay _____ or Neuter _____; Dog _____ or Cat _____ Pet's

Name & Age _____

No. of Other Pets in Home _____ What Kind _____

If Dog and/or Cat, are they Spayed or Neutered? _____

Date and Location of last Rabies Shot (**must be current**): _____

Do you have a fenced in yard? _____ Will the pet live inside or outside? _____

If outside, what living conditions would the pet have? _____

Are you aware of the local laws regarding pets that live outside? _____

Will you abide by these laws and provide proper care for your pet? _____

Do you understand that owning a pet is a long term commitment and has legal, moral and financial responsibilities? _____

Type of Dwelling: House _____ Apartment _____ Trailer _____ Own or Rent? _____

How many pets have you owned in the past five years? _____

Were any of them:

Lost? _____ Given Away? _____ Hit by a Vehicle? _____ Died of Disease? _____

If disease, what kind? _____

Would your pet have regular veterinary care? _____

I certify by my signature below, that all statements and answers to these questions are true.

Applicant _____ Date _____

(Applicant will be notified of committee's decision within 60 working days from date of application.)

OFFICE USE ONLY

Date of Review _____ Approved _____ Declined _____

Review Committee's Comments _____

Date Applicant was Notified _____