



1250 Cox Ave., Bainbridge, GA 39819

### APPLICATION FOR SPAY/NEUTER ASSISTANCE

Name \_\_\_\_\_  
 (Last) (First) (Middle initial)  
 Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Daytime telephone \_\_\_\_\_ Evening telephone \_\_\_\_\_  
**Note: We require a phone number to reach you for questions or to schedule an appointment.**

**INCOME AND HOUSEHOLD INFORMATION:** Please list all sources of income for the **entire** household. This includes wages, alimony, child support, social security, etc, whether it is for you, your spouse, children, or other people living in the same house. If you need additional space, use another sheet.

You must submit proof of income by providing copies of the 2009 1040 tax form OR proof of state/federal benefits (social security, unemployment, SSI, medical card, etc.), or any pension benefits. W-2 statements alone **will not** be accepted.

Source of Income	Monthly Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

How many children (under age 18) live in the household? \_\_\_\_\_ How many adults? \_\_\_\_\_  
 Have you had other animals sterilized through our program before? Yes NO If so how many? \_\_\_\_\_  
 Which veterinarian do you currently use? \_\_\_\_\_

**PET INFORMATION**

1. Pets Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Type: Cat Dog  
 \_\_\_\_\_ Cat Has your cat ever been tested for Feline Leukemia? YES NO  
 \_\_\_\_\_ Dog Breed \_\_\_\_\_ Size: \_\_\_\_\_ S (1 to 25 lbs) M (26 to 50 lbs) L (51 to 75 lbs) XL(76-100 lbs)  
 Is this pet current on shots? Y N Does this pet live mostly: inside outside  
 If this pet is female, how many litters has she given birth to? \_\_\_\_\_ is she nursing now? \_\_\_\_\_ Age of litter \_\_\_\_\_ weeks  
 Does your pet have any conditions that we should be made aware of (diabetes, heartworm, etc.)? \_\_\_\_\_

2. Pets Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Type: Cat Dog  
 \_\_\_\_\_ Cat Has your cat ever been tested for Feline Leukemia? YES NO  
 \_\_\_\_\_ Dog Breed \_\_\_\_\_ Size: \_\_\_\_\_ S (1 to 25 lbs) M (26 to 50 lbs) L (51 to 75 lbs) XL(76-100)  
 Is this pet current on shots? Y N Does this pet live mostly: inside outside  
 If this pet is female, how many litters has she given birth to? \_\_\_\_\_ is she nursing now? \_\_\_\_\_ Age of litter \_\_\_\_\_ weeks  
 Does your pet have any conditions that we should be made aware of (diabetes, heartworm, etc.)? \_\_\_\_\_  
 How many other pets do you have? \_\_\_\_\_cats \_\_\_\_\_dogs \_\_\_\_\_other Are these pets sterilized? \_\_\_\_\_

PLEASE STATE OTHER CIRCUMSTANCES THAT WOULD BE RELEVANT TO YOU RECEIVING ASSISTANCE WITH SPAY/NEUTER OF YOUR PET:

DECLARATION AND RELEASE: I certify that the above information is true and complete. I hereby authorize the Bainbridge-Decatur County Humane society to contact my employer(s) and /or any agent to verify income.

Signature: \_\_\_\_\_ Date \_\_\_\_\_