

INFORMATION ABOUT YOU

-please print clearly-

Name

Physical Address including Apt #

City, State, Zip

Home Phone () _____ - _____

Mobile Phone () _____ - _____

Msg. Phone () _____ - _____

Email Address: _____

INCOME AFFIDAVIT

I _____,

certify that I am a Kitsap County or Mason County resident. I further certify that my annual income qualifies me for this spay/neuter program (3 or less members of the household: annual income of \$51,750 or less; 4 or more members of the household: \$57,500 or less). If requested to do so, I am able to show documented proof of my income. I also certify that I am at least 18 years of age.

DATE: _____



INFORMATION ABOUT YOUR PET

Pet's name: _____

Dog Cat Male Female
(circle one) (circle one)

Age _____ Weight _____

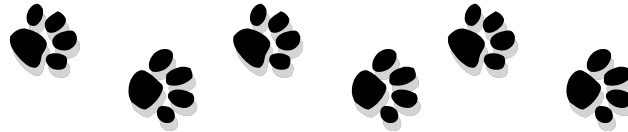
Breed _____

Color _____

Does your pet have any health issues?

Yes No
(circle one)

If yes, describe problem



Pets should be up-to-date on their vaccinations. Those pets that are not up-to-date are at risk of coming down with common dog and cat diseases. If you request it, we will vaccinate your pet for a cost of \$10.00 (plus tax). These vaccinations will not be protective for 1-2 weeks. Rabies vaccination (along with additional vaccinations) and microchipping are available for an additional low-cost fee.

We require that pets under 16 weeks of age be up to date on their vaccines before we will spay or neuter them.



PET OWNER AGREEMENT

- I waive any and all claims against the Kitsap Humane Society which may result from my pet's surgery and/or stay.
- I understand my female pet will be marked with ink at the incision site.
- I have read and understand the **Guidelines** section of this form.
- I have read and signed the **Income Affidavit** section of this form.
- All of my answers are correct to the best of my knowledge.

Signature

Date

***THIS APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE**

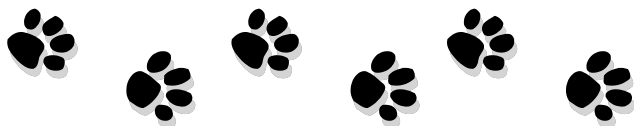
Guidelines

Complete one application per pet

- Use a separate application for each pet's surgery. Additional applications are available at **www.kitsap-humane.org** or call (360) 692-6977.
- Pet owner is responsible for all costs over those allowed by The Kitsap Humane Society Spay/Neuter Program.
- The Kitsap Humane Society Spay/Neuter Program is only available to residents of Kitsap or Mason County, age 18 or older.
- Your pet must be at least 16 weeks of age and not older than 7 years of age.
- Your pet must pass a pre-surgery exam the day of surgery.
- The Kitsap Humane Society reserves the right to deny surgery for aggressive animals that cannot be safely handled by staff.
 - Weight restrictions may apply.

We are unable to provide spay surgeries for female dogs weighing more than 75 lbs.

“Just one litter” can lead to a staggering number of future litters, adding to the heart-breaking euthanasia of thousands of unwanted pets. Thanks for applying for this program!



KITSAP HUMANE SOCIETY
9167 DICKEY ROAD NW
SILVERDALE, WA 98383

KITSAP HUMANE SOCIETY

SPAY/NEUTER PROGRAM APPLICATION

PROVIDING LOW-COST SPAY/NEUTER FOR PETS OF LOW-INCOME RESIDENTS



Kitsap Humane Society
 9167 Dickey Road NW
 Silverdale, WA 98383

(360) 692-6977
www.kitsap-humane.org

Stamp