### **INFORMATION ABOUTYOU**

-please print clearly-

Name		
Dhasigal	Address in shuding Ant #	
Filysical	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 (circle one)	Male Female (circle one)
Age	Weight
Breed	
Color	
Does your p	et have any health issues?
	Yes No
	(circle one)
Ifv	es 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 \$15.00 (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	•
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**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.
- Cash or credit card only (cash appreciated).

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 heartbreaking euthanasia of thousands of unwanted pets. Thanks for applying for this program!





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







