

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 can show documented proof of my income. I also certify that I am at least 18 years of age.



INFORMATION ABOUT YOUR PET

Pets 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 the issue



Pets should be current (up to date) on their vaccinations. Those pets that are not current on their vaccinations are at risk for contracting common cat or dog diseases. If you request, 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 current on vaccination before we 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 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 pass a pre-surgical 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 is appreciated).

We are unable to proceed with spay surgeries for dogs weighing more than 75lbs.

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



RESCUE * REHABILITATE * REHOME

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

**KITSAP HUMANE SOCIETY
9167 DICKEY ROAD NW
SILVERDALE, WA 98383**

Stamp