

Ross County (Ohio) Humane Society

2308 Lick Run Rd.#A Chillicothe, OH 45601

Clinic Information: (740) 775-6808

APPLICATION FOR SPAY/NEUTER CLINIC

Name _____
(Last) (First) (Middle Initial)

Street Address _____ City _____ Zip _____

County _____ Daytime Phone _____ Night Phone _____

Note: We require a phone number to reach you for questions or to schedule an appointment.

INCOME & 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 the back of this application.

You must submit proof of income by providing copies of recent tax forms, 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? _____ Adults? _____

PET INFORMATION

1. Pet's Name _____ Age: _____ Sex: M / F
___ Cat Has your cat ever been tested for Feline Leukemia? Y / N
___ Dog Breed _____ Size: S (1-25 lbs) M (26-45 lbs) L (>45lbs)
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? Y / N Age of Litter _____ (weeks)
Does your pet have any conditions that we should be made aware of (diabetes, heartworm, seizures, etc.)?

2. Pet's Name _____ Age: _____ Sex: M / F
___ Cat Has your cat ever been tested for Feline Leukemia? Y / N
___ Dog Breed _____ Size: S (1-25 lbs) M (26-45 lbs) L (>45lbs)
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? Y / N Age of Litter _____ (weeks)
Does your pet have any conditions that we should be made aware of (diabetes, heartworm, seizures, etc.)?

How many other pets do you have? _____ Cats _____ Dogs _____ Other
Are these pets sterilized?

Return this application with proof of income by September 13th 2007

Spay/Neuter Clinic

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

Signature _____ Date _____

NOTE: If approved, you will receive a notice in the mail with the date and time of your appointment. If you have any questions, please contact the clinic coordinator at 775-6808. Please leave a message as this is an all volunteer effort.