

Eagle Valley Humane Society

Spay/Neuter Application

Name _____

Name of Spouse/Roommate(s) _____

_____ Number of people in household _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employed by _____ Work Phone _____

Total household monthly income \$ _____ If unemployed, date terminated _____

Name of Pet _____ Breed _____

Dog Cat Male Female Color/Markings _____ Age _____ **WEIGHT** _____

Where did you get your pet? _____

Name of Veterinarian _____

Date of last Rabies vaccine _____ Date of last Distemper Vaccine _____

You must include the Rabies vaccination certificate with your application.

I certify that I have reviewed the information on the application. It is true to the best of my knowledge. I acknowledge that I am required to prove need to receive spay/neuter assistance.

Applicants Signature _____ Date _____

EVHS Approval _____ Date _____

REPLY TO marie.eaglevalleyhumane@gmail.com