



3 Oakland Avenue, Menands, NY 12204 - (518) 434-8128 - www.mohawkhumane.org

Application for Spay/Neuter Services

Name _____ Telephone (h) _____

Address _____ Telephone (w) _____

City _____ State _____ Zip _____ Email _____

Total Gross Annual Household Income \$ _____

Number of adults in household _____ Number of children in household _____

Name and phone number of your current veterinarian _____

List household pets:

Name	Species	Breed	Sex	Age	Date of FVRCP/ Distemper Vaccine	Date of Rabies Vaccine

Check any benefits currently received by members of your household:

Food Stamps _____ SSI _____ Medicaid _____ State Medical Assistance _____ State Food Assistance _____

State Family Assistance _____ State Safety Net Assistance _____ Low Income Housing Assistance _____

- To qualify for the spay/neuter program of the Mohawk Hudson Humane Society ("the Society"), you must provide proof of income and/or participation in the above assistance programs. Proof of income will consist of the two most recent pay stubs for all household wage earners or the most recent W-2 forms for all household wage earners.
- If the Society's veterinarian determines that your pet is not healthy enough to be spayed, your appointment will be rescheduled.
- The Society may, in its sole discretion, approve or deny spay/neuter services. The Society may determine you are eligible for services provided by other agencies and will refer you to those agencies when appropriate.

I certify all of the information I have provided is accurate. I understand that falsifying any information will exclude me from receiving services.

Signature

Date

For Office Use:

Cats Only

Feral Low-Income Feline-fix Rescue

Dogs Only

Buck-a-Bull
(pit bulls only) Low-Income

Initial & Date