

JAMES A. BRENNAN MEMORIAL HUMANE SOCIETY
437 NINE MILE TREE ROAD
GLOVERSVILLE, NEW YORK 12078
725-0115
www.pawsforyou.org

COMMUNITY SPAY/NEUTER ASSISTANCE PROGRAM APPLICATION

Name _____ Phone _____

Address _____

Employer/Occupation _____

Family Monthly Income _____ #of Dependents (under 18) _____

Do you receive any of the following?

Medicare Medicaid Social Security Disability Food Stamps

Additional Remarks _____

Animal Information:

Dog _____ Female _____

Cat _____ Male _____

I certify that the above information is accurate and that I am the owner of the above-referenced animal. I understand that I will be responsible for the cost of any medications, vaccinations, and/or shots that the veterinarian may deem necessary for my animal. I also certify that I understand that any surgical procedure can have a risk to my pet and agree not to hold the James A. Brennan Memorial Humane Society liable for any problems that may occur.

Owner Signature _____ Date _____

Approved _____ Shelter Signature _____

Rejected _____ Vet Signature _____ Date _____