



**HUMANE SOCIETY OF GENESEE COUNTY
APPLICATION FOR FINANCIAL ASSISTANCE
SPAY/NEUTER COOPERATIVE PROGRAM**

Date: _____

Name: _____
FIRST MIDDLE LAST

Address: _____

STREET CITY ZIP

Number of dependents residing at above address: _____

Are you the primary source of income in this residence? YES NO

ABOUT YOUR PET

Species: _____ Breed: _____ Sex: _____ Age: _____

Color: _____ Weight: _____ Name: _____

How long have you owned this pet? _____ If female, how many litters? _____

Has it had any surgeries? YES NO if yes, please list:

Has it had any illnesses? YES NO if yes, please list:

Please list vaccinations: _____

(NOTE: If vaccinations are not up to date, this expense will be the owner's responsibility.)

ABOUT YOU

My monthly income is: \$ _____ (Please ask HSGC employee to attach your proof of income.)

If you have unusual expenses or hardships which might aid in making a favorable application, please describe them fully on the back of this sheet. Do you have such hardships? YES NO

By signing this application and submitting it to the Humane Society of Genesee County for consideration, I affirm that all questions have been answered fully and truthfully. If a question arises to any answer that I have given, I will aid in any way possible to clarify it. I understand that the Humane Society provides this service willfully, and is not obligated to approve this application. I also understand that this offer is available for one animal per family per calendar year.

Dogs over 50 lbs. may result in additional charges for surgery. These costs will be responsibility of the pet owner.

SIGNATURE OF APPLICANT

DATE

AUTHORIZATION

_____ Denied _____ Approved, client to pay: \$ _____

SIGNATURE OF MANAGER

DATE