



7. General health of animal (specify any medical condition the animal is being treated for)

\_\_\_\_\_

Has the animal ever had surgery before?  Yes  No If yes, did the animal have any unfavorable reactions?  Yes  No. If so, explain \_\_\_\_\_

\_\_\_\_\_

8. How many other cats and/or dogs do have in your home? \_\_\_\_\_ Cats \_\_\_\_\_ Dogs

How many are spayed and/or neutered? \_\_\_\_\_Cats \_\_\_\_\_Dogs

**PART B**

The spay/neuter program is geared towards pet owners unable to pay the full cost of the procedure for their animal, and is cost shared between the Parkland Humane Society and the owner.

The Parkland Humane Society is a non-profit organization, and is providing this program with limited funds. Therefore, we have a responsibility to ensure the requests for financial assistance for the program are legitimate.

Please assist us by providing the following information (all information will remain confidential). Proof of financial need may be requested.

How many children live in the household? \_\_\_\_\_

How many adults (over 18) live in the household? \_\_\_\_\_

How many wage earners live in the household? \_\_\_\_\_

Names:

Place of Work:

Hours per week:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual household income \_\_\_\_\_

If the adults who maintain the household are not employed, please indicate the source of income (e.g. social assistance, pension, disability insurance, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART C**

**RELEASE**

I hereby certify that I own the animal described herein.

If said animal should injure itself, refuse food, soiled itself, become ill or die while participating in the Pet Spay and Neuter Program, I will hold the Parkland Humane Society free of all responsibility and or liability.

If I neglect to pick up the earlier mentioned animal by the specified time from the veterinarian and is left for more than thirty (30) days, said animal may become property of the Parkland Humane Society Inc.

I understand that any additional boarding fees incurred after surgery are my responsibility.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**PART D**

**DECLARATION**

I understand that the Parkland Humane Society is offering this cost share spay/neuter program as a public service in our community. I agree to ensure to provide the proper care and protection needed to ensure the animal's health and safety.

I understand the veterinarians involved have the right to refuse the procedure for medical reasons, if, in their opinion, the animal has existing medical conditions that make it a poor candidate for surgery or if surgery might cause undue risks to the animal's health.

I am above the age of eighteen (18) years.

I understand that I will be required to pay my portion of the cost within 15 days of receiving the acceptance letter unless prior arrangements have been made. If payment has not been received or arrangement made within the 15 days, the application will be void.

I understand that if my animal is in heat or is pregnant, additional charges may be incurred and that I am responsible for such charges.

I understand that the Parkland Humane Society has the right to refuse this service should it be determined that I have not been truthful in stating my financial need for this assistance.

I declare that I have read the release and declaration and I further declare that I make this application truthfully.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

