

Mahaska Humane Society

Spay/Neuter Assistance Program

Application

The Mahaska Humane Society Spay/Neuter Assistance Program subsidizes the cost of neutering dogs and cats owned by residents of Mahaska County who cannot reasonably afford to pay for this procedure.

This application must be completed and signed by you (the applicant) and returned to the program coordinator. No funds will be disbursed unless and until you sign the application form.

The information you provide will be held in confidence by the Mahaska Humane Society.

Applicant's Full Name _____ Age 18 or over? _____ Phone _____
Address _____ City _____ Zipcode _____
Pet: Dog _____ Cat _____ Name _____ Sex _____ Age _____
Number of persons in household _____
(relying on you for support)
Monthly family income (take home) from all sources _____
Average monthly living expenses (housing, food, clothing, transportation, etc.) _____
Other pets _____ Current employer _____
Your veterinarian _____

Check any of the following that apply to you:

Meet federal/state low-income guidelines Unemployed...How long? _____
 Retired on fixed income Disabled.....How long? _____
 Single person supporting dependents

Explain why you cannot reasonably afford to spay or neuter your pet. Provide other relevant information. _____

Where did you hear about this program? _____
Have you previously received Mahaska Humane Society Spay/Neuter Program support? _____
If yes, when? _____

Read and sign the following agreement:

- I am a resident of Mahaska County, Iowa
- I cannot reasonably afford to have my pet spayed or neutered
- I have freely selected the veterinarian to whom I will take my pet to be spayed or neutered.
- I agree to pay for all pre-operative and post-operative treatment and for all required vaccinations.
- I have freely decided to have my pet neutered and declare the Mahaska Humane Society to be exempt from all responsibility and liability for any pre-operative, operative and post-operative complications, should they occur.
- I have sufficient assets to and do adequately care for and feed my pet.
- I have read (or been read) this application in its entirety.
- I understand, agree to, and will comply with all terms and conditions of the Mahaska County Humane Society Spay/Neuter Program.

All information I have provided to the Mahaska Humane Society Spay/Neuter Program, including details about my income and expenses, is true and correct.

Signature: _____

Date: _____

Return the completed form to: Stephen Memorial Animal Shelter
2299 235th St. Oskaloosa, IA 52577