SPAY/NEUTER PROGRAM

St. Joseph Bay Humane Society

1007 Tenth Street • Port St. Joe, Florida 32456
850 227-1103 • www.SJBHumaneSociety.org

I. CLIENT INFORMATION

_____ _____
Name of Pet Owner (Last, First) **Zip Code** **County of Residence**

_____ _____
Home Address **City & State**

_____ _____ _____
Day Phone **Evening Phone** **Email Address**

How did you hear about us? _____

Do you currently have a vet for your pet(s)? If so, who? _____

II. PET INFORMATION ***(PLEASE COMPLETE ALL INFORMATION FOR EACH PET)***

Type of Pet: ___Male Dog ___Female Dog UNDER 50# ___Female Dog OVER 50# ___Male Cat ___Female Cat

_____ _____ _____ _____
Name of Pet **Breed** **Color** **Age**

Current Rabies Vaccine? YES___ Date:_____ NO___ Current Boosters? YES___ Date:_____ NO___

_____ *(CHECK HERE FOR MULTIPLE PETS)* I am requesting services for _____ additional pets. You may list LIKE pets (ie. all male dogs, all female cats) on a single application, using the back to list additional pets. ALL OF THE ABOVE PET INFORMATION MUST BE PROVIDED INDIVIDUALLY FOR EACH PET LISTED!

1. The pet(s) listed on this application live at my home address. I agree to allow a representative of St. Joseph Bay Humane Society to contact and schedule a time to come to my home and verify ownership of this pet.
2. I attest that the above information is true and correct to the best of my knowledge.
3. I consent to the spay/neuter of the pet described above and I agree to pay for any required presurgical Rabies immunization and/or any additional goods/services I request.
4. Pets that are spayed/neutered as a result of the SJBHS Spay/Neuter Program are the responsibility of the pet's owner.
5. I hereby agree that SJBHS and the veterinarian performing the surgery have no responsibility or liability for any injury or damage or claims subsequent thereto, to any person, property, or animal, caused directly or indirectly by any of the participating parties. I agree to participate in this program and agree to the waiver of liability.
6. Pet owners are responsible for making the appointment and are responsible for transporting pet to and from veterinarian.

MY SIGNATURE BELOW INDICATES I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

Signature of Pet Owner *(REQUIRED):* _____ **Date:** _____

Name of person bringing the pet in if other than the owner _____

FUNDS ARE LIMITED AND AVAILABLE ON FIRST COME, FIRST SERVE BASIS. APPOINTMENT IS NECESSARY.

A VALID DRIVERS LICENSE/IDENTIFICATION CARD AND UTILITY BILL SHOWING CURRENT ADDRESS MUST BE PROVIDED WITH THIS APPLICATION. Failure to do so can result in denial of application.

QUESTIONS/CONCERNS CONTACT: Connie Lamb (850) 229-3765 or Leonore Kusch (850) 227-1931
Completed applications can be dropped off at the Humane Society or faxed to 850-227-1191. Required documentation must be provided at the time application is turned in!

SJBHS USE ONLY
Approved by:_____ **Date:** _____

Comments: _____