

Drop off, mail, e-mail, or fax this form to:

Kauai Humane Society

Attn: Krystal

P.O. Box 3330

Lihue, HI 96766



Spay/Neuter Assistance Program Application

krystal@kauaihumane.org

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently receiving any city or government financial assistance? Yes / No Type \_\_\_\_\_

Total household monthly income \$ \_\_\_\_\_ If yes, what is the monthly amount? \$ \_\_\_\_\_

Number of dependents in household (exclude yourself) \_\_\_\_\_

Ages of all dependents \_\_\_\_\_

LIST ALL CURRENT ANIMALS IN HOUSEHOLD

Table with 6 columns: Name, Sex, Breed, Weight, Age, Altered? (Yes/No). Includes a sub-header 'DOGS:' and four rows of animal information.

Table with 6 columns: Name, Sex, Breed, Weight, Age, Altered? (Yes/No). Includes a sub-header 'CATS:' and four rows of animal information.

Do you have a regular vet? Yes / No If yes, who \_\_\_\_\_

Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Are your animals currently vaccinated? Yes / No

FOR OFFICE USE

Date contacted \_\_\_\_\_ By \_\_\_\_\_

Date of surgery \_\_\_\_\_

Amount paid for surgery \_\_\_\_\_

Participation Amount \_\_\_\_\_

Amount to charge program \_\_\_\_\_

Staff Initials \_\_\_\_\_