



P.O. Box 1034, Midland, MI 48641

## HSOMC Spay/Neuter Application for Papa's Pups In Loving Memory of Jim Schreiber

(Please complete a separate application for each dog.)

You must be a Midland County resident to apply.

(Please print clearly)

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long at this address? \_\_\_\_\_ If less than 1 year, previous address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ M F (circle one) Breed and coloring: \_\_\_\_\_

Approximate age of dog: \_\_\_\_\_ Is your dog:  indoor only  outdoor only  combination

Current veterinarian: \_\_\_\_\_

Have you surrendered an animal to the Humane Society?  yes  no (this does not disqualify you)

If yes, explain: \_\_\_\_\_

Number of family members living at current residence: \_\_\_\_\_

Total Annual Household Income:  0 - 11,500  11,500 to 15,500  15,500 to 19,500  19,500 to 23,500

23,500 to 27,600  27,600 to 31,600  31,600 to 35,600  35,600 to 39,600

Check all that apply:  unemployed  
 disability  
 part-time employment  
 receive Government assistance

What can you afford to pay towards the spay/neuter? \_\_\_\_\_

Any other comments or circumstances we should be aware of?

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

### Disclaimer

The undersigned acknowledges and agrees that Humane Society of Midland County, it's employees and agents, shall not be responsible for any and all claims arising out of any injuries or harm that may occur during the course of surgery and any related medical care. By my signature below, I acknowledge that I have read and understand the application and agree to abide by all terms of this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unsigned applications will not be accepted.

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