



**Brevard Humane Society**  
 1020 Cox Road • Cocoa, FL 32926  
 (321) 636-3343 • Fax: (321) 636-0127 • www.brevardhumanesociety.com



**CONTACT INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*\* A phone number is required.*

**Please provide information about the cat(s) you would like to have spayed/neutered:**

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex (click one):  Male  Female

Feral (if YES, we will ear tip your cat) (click one):  Yes  No

Date of Last Rabies Shot: \_\_\_\_\_

Pregnant? (click one):  Yes  No Date of Last Litter: \_\_\_\_\_

Where did you get this pet?: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex (circle one):  Male  Female

Feral (if YES, we will ear tip your cat) (click one):  Yes  No

Date of Last Rabies Shot: \_\_\_\_\_

Pregnant? (click one):  Yes  No Date of Last Litter: \_\_\_\_\_

Where did you get this pet?: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex (click one):  Male  Female

Feral (if YES, we will ear tip your cat) (click one):  Yes  No

Date of Last Rabies Shot: \_\_\_\_\_

Pregnant? (click one):  Yes  No Date of Last Litter: \_\_\_\_\_

Where did you get this pet?: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex (circle one):  Male  Female

Feral (if YES, we will ear tip your cat) (click one):  Yes  No

Date of Last Rabies Shot: \_\_\_\_\_

Pregnant? (click one):  Yes  No 'DWH of Last Litter: \_\_\_\_\_

Where did you get this pet?: \_\_\_\_\_

How many other pets do you have? Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_ Are they sterilized? \_\_\_\_\_

Vet's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In addition to this application, you are required to provide documentation of eligibility. These documents need to be submitted with your application and will be returned to you.

Check any that describe your situation:

- Federal Public Housing Assistance (FPHA)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- National School Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- A Social Security Statement of Benefits
- Unemployment Benefits
- Other Documentation for Eligibility
- None of the Above Apply

How did you hear about this program? (check one):

- Brevard Humane Society
- Brevard County Animal Services
- Flyer
- Friend
- Internet
- Newspaper
- Other: \_\_\_\_\_

All medical procedures carry a degree of risk, although it is very small for sterilization surgery. The Brevard Humane Society cannot be held liable for any unexpected outcomes.

I have read and agree to abide by the instructions, requirements and conditions. I am requesting sterilization of my cat(s) described above and understand that there will be no charge for the spay or neuter service unless I am a no call/no show for the appointed time. I understand that if I do not show up for the appointment, I will be charged a \$20.00 fee before being allowed to reschedule the free spay/neuter (as someone else could have had that appointment). This information is true and correct to the best of my knowledge.

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

*\* Please be sure to sign your application. All questions must be answered.*

**APPLICATION INSTRUCTIONS:**

Complete the application and return it with the applicable documents and a copy of your Driver's License or State Issued Identification card to the:

Brevard Humane Society  
1020 Cox Road  
Cocoa, FL 32926

Once we receive your application and documents, you will be notified of your application status (approved or denied) by phone. If approved, at that time you will be able to schedule an appointment for your cat(s) procedure. For questions, please contact the Brevard Humane Society at (321) 636-3343 ext. 212

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