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

Brevard Humane Society Spay/Neuter Application

CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone(s): Home: _____ Work: _____ Cell: _____

* ***A phone number is required.***

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

Dog's Name: _____ Age: _____

Breed: _____ Color: _____
Sex (circle one): Male Female
Date of Last Rabies Shot: _____
Pregnant? (circle one): Yes No Date of Last Litter: _____
Where did you get this pet?: _____

Dog's Name: _____ Age: _____

Breed: _____ Color: _____
Sex (circle one): Male Female

Date of Last Rabies Shot: _____
Pregnant? (circle one): Yes No Date of Last Litter: _____
Where did you get this pet?: _____

Dog's Name: _____ Age: _____

Breed: _____ Color: _____

Sex (circle one): Male Female
Date of Last Rabies Shot: _____

Pregnant? (circle one): Yes No Date of Last Litter: _____
Where did you get this pet?: _____

Dog's Name: _____ Age: _____

Breed: _____ Color: _____
Sex (circle one): Male Female
Date of Last Rabies Shot: _____
Pregnant? (circle one): Yes No Date 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
- ❑ Disabled Veteran
- ❑ WIC (Women, Infant, and Children)
- ❑ 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 dog(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 dog(s) procedure. For questions, please contact the Brevard Humane Society at (321) 636-3343 ext. 206

Email this form to Clinic.Manager@brevardhumanesociety.org

Signature_____ Date_____