



Spay/Neuter Assistance Program Application

Applicant Information

PRIMARY NAME _____

SECONDARY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

BEST TIME TO CALL: _____

EMAIL _____

Are you over the age of 18? Y N Do you qualify as a senior citizen? (65+) Y N

Are you a resident of Jackson County, Georgia? Y N

How long have you lived at your current address? _____ YEARS _____ MONTHS

Is this residence a : HOUSE APARTMENT CONDO MOBILE HOME

OTHER _____

Do you: OWN or RENT

Employment and Income

OCCUPATION: _____

SPOUSE'S OCCUPATION: _____

Total number of people in your household: Adults _____ Dependents _____

Household Monthly Income: _____

Do you participate in any government assistance programs? Yes No

If Yes, which programs and what assistance are you receiving: _____

Do you receive Social Security (SSA) or Social Security disability (SSI)?

Which program? _____ How much? _____

ANIMAL INFORMATION

Name of Pet	Type of Pet	Breed	Male or Female	Age of Pet	Weight of Pet	Current on Rabies?	Current on Vaccines?
	Dog		Male			Yes	Yes
	Cat		Female			No	No

Do you have a veterinarian? YES NO

If Yes, please provide the following information.

NAME: _____

ADDRESS: _____

PHONE: _____

Have you ever applied for a Spay/Neuter Certificate from HSJC? YES NO

If Yes, please explain _____

How did you hear about HSJC SPAY/NEUTER ASSISTANCE PROGRAM?

JACKSON HERALD FACEBOOK TWITTER PETFINDER ADOPT-A-PET
 RESCUE ME WWW.HSJC.COM ADOPTION EVENT OTHER _____

By signing below, I certify that I have read this application in its entirety and understand that my eligibility in the Spay/Neuter Assistance Program will depend primarily on my income level and the availability of HSJC funds. I also certify that all of the information that I have given on this Spay/Neuter Assistance Program Application and in any attached documentation is true and complete and that falsification of any of this information may result in the rejection of my application. If my application is accepted, I agree to abide by the policies and procedures outlined in the program description.

Applicant's Signature

Date

Return completed application to:

The Humane Society of Jackson County

P O Box 567

Jefferson, GA 30549

Attn: Spay/Neuter Assistance Program

Privacy Policy: The Humane Society of Jackson County is committed to maintaining your confidence and trust. It is our policy that the personal information you voluntarily provide is stored in a secured location and is only used for the purpose for which the information was provided.