

James A Brennan Memorial Humane Society  
437 Nine Mile Tree Road  
Gloversville, NY 12078  
pawsforyou.org  
518 725-0115

**COMMUNITY SPAY/NEUTER APPLICATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Household Income \_\_\_\_\_ #of Dependents(under 18) \_\_\_\_\_

Do you receive:            Social Security            Disability            Social Services

Comments \_\_\_\_\_

Animal information: Breed \_\_\_\_\_ Age \_\_\_\_\_

Dog \_\_\_\_\_            Cat \_\_\_\_\_            Male \_\_\_\_\_            Female \_\_\_\_\_

I certify that the above information is accurate and that I am the owner of the above-referenced animal. I understand that I will be responsible for the cost of any medications, vaccinations and/or shots that the veterinarian may deem necessary for my animal. I also certify that I understand that any surgical procedure can have a risk to my pet and agree not to hold the James A. Brennan Memorial Humane Society liable for any problems which may occur.

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

Animal information: Breed \_\_\_\_\_ Age \_\_\_\_\_

Dog \_\_\_\_\_            Cat \_\_\_\_\_            Male \_\_\_\_\_            Female \_\_\_\_\_

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

Approved \_\_\_\_\_ Expires \_\_\_\_\_

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