



Spay/Neuter Assistance Application

The Coffee County Humane Society's program of assistance for spay or neuter of pets is available to individuals and families with income of no more than 150% of the Federal Guidelines Poverty Level, about \$35,000 per year for a family of four.

Please complete the following information and mail it to us along with proof of income. All information is kept confidential. A small co-payment to the vet is needed.

Name _____ Date _____

Address _____

City _____ State _____ County _____ Zip _____

Phone _____ e-mail _____

Number of people in your household: Adults _____ Children _____ Monthly income _____

What public assistance do you receive? _____

You must provide proof of assistance or income, such as a pay stub, bank statement, entitlement letter, or copy of an EBT card. All family income must be included.

Which vet clinic do you use? _____

About your pet(s), circle dog or cat, M for male F for female and R if rabies shot is needed:

1. Pet's Name _____ Age _____ weight _____ Dog Cat M F R
2. Pet's Name _____ Age _____ weight _____ Dog Cat M F R
3. Pet's Name _____ Age _____ weight _____ Dog Cat M F R
4. Pet's Name _____ Age _____ weight _____ Dog Cat M F R
5. Pet's Name _____ Age _____ weight _____ Dog Cat M F R

For additional pets, put the information on the back of this form.

How did you learn about this program? _____

Our phone number is 931-728-0903.

Mail this page along with proof of income or assistance to:
Coffee County Humane Society
P. O. Box 252
Manchester, TN 37349