



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 \$45,000 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.

Date_____ Name_____

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.

Has a vet seen your Animal: Y/N 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? _____

Mail this page along with proof of income or assistance to:

Coffee County Humane Society
P. O. Box 252
Manchester, TN 37349
931-728-0903