



Humane Society of
Western Montana

Saving Every Animal. Every Time.

Low-Income Spay/Neuter Program • Application for Dog/Cat Sterilization

5930 Hwy 93 South, Missoula, MT 59804 • E-mail: outreach@myhswm.org • www.myhswm.org • 1.406.549.HSWM

Date: _____ How did you hear about the program? _____

About you:

Name: _____
Address: _____
City/Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Pets who need to be spayed/neutered:

Name	Breed/Sex/Color	Age	Weight	Has current rabies vaccination?

Do you have a regular veterinarian? YES NO
Name/Clinic: _____

What has prevented your pet from being spayed/neutered until now? _____

I hereby certify that I am the owner of the above referenced animal/s. I have read about, or had explained to me, the sterilization procedure and possible side effects of the process. I believe I understand the benefits and risks of this procedure and possible side effects of the process. I hereby consent to the sterilization procedure. I further agree to hold harmless the Humane Society of Western Montana, its employees, the veterinarian, agents and volunteers from liability arising out of the sterilization of the above referenced animal/s. I further understand that any complications arising from the procedure are the responsibility of the animal's owner and that the Humane Society of Western Montana and the veterinarian cannot be held responsible for any damages associated with the follow-up care and/or treatment. I also understand that I must keep my animal sheltered and warm after surgery until the effects of the anesthetics wear off.

I hereby represent that I am at least 18 years old and **unable to pay a regular veterinarian the full price for this service**, therefore seek to be eligible to participate in the low-income spay/neuter program based on the following:

- Receiving Medicaid or Medicare
- WIC (Women, Infant, Children Program) or Aid to Families with Dependent Children
- Food Stamp Program
- Low income (please list annual income and number in household) _____
- Receiving other social supplemental benefits (please specify) _____

Please provide proof of your eligibility with this application.

Acceptable verification can include pay stub, Medicaid or WIC card, etc.

Payment is required when scheduling surgery. Payments are non-refundable. I understand that if my animal is left at the shelter for 24 hours it is considered abandoned and will become property of the Humane Society.

Signature of Pet Owner