



Kershaw County Humane Society

Kershaw County Humane Society Low Cost Spay/Neuter Request Form

The low cost spay/neuter program is designed to assist those families or individuals who have personal or stray pets they wish to have spayed or neutered, but require some financial assistance due to various circumstances. Please fill out this simple request form as completely and accurately as possible.

Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
Name of current Veterinarian and phone # _____
Animal(s) you need to spay/neuter:
_____ dog(s) _____ cat(s) _____ spay(s) _____ neuter(s)
Are these animals strays or personal pets? _____
Do you have any other pets at home? _____
Please describe: _____
Are these animals spayed or neutered? _____
If no, please explain why: _____
What can you afford to pay for each spay? _____ For each neuter? _____

Are you assisted in any way by the following:
Food Stamps _____ Supplemental Security Income _____
Temporary Assistance to Needy Families _____ Aid to the Handicap _____
Medicaid or Medicare _____ Low Income Senior Citizen _____
Aid to the Permanently and Totally Disabled _____

(Proof of this is required)

Method of payment? Cash _____ Check _____

The above information is true to the best of my knowledge and I would like to be considered for the low income spay/neuter program, but understand the Shelter is in no way obligated to approve me.

Signature _____
Date _____

For Shelter Use Only:

Shelter Personnel _____
Approved? Yes _____ No _____ Amount if approved _____