

WEBSTER HUMANE ASSOCIATION SPAY/NEUTER PROGRAM
P.O. Box 218, Minden LA 71058-0218 Phone 318-377-7433 Fax 318-377-7430

SPAY/NEUTER APPLICATION

PLEASE PRINT

Legal Name _____ Spouse _____

Address (w/zip code) _____

Day Phone _____ Evening _____ Cell _____

Place of Employment & phone _____

Spouses Employment & phone _____

Subsidy for: Dog ___ No. requested ___ Cat ___ No. requested ___ Spay (female) Neuter (Male)
(Circle one)

Pets breed, color, markings _____

Name of Pets _____

Annual Household Income _____ Number in Household _____

How did you hear of program _____ Your Vet is _____

I understand and agree to the following:

1. Should I not qualify for a \$0.00 co-pay spay/neuter, a low cost co-pay must be received prior to surgery being scheduled. I will be notified of the amount at time of application review by a WHA spay/neuter director.
2. I am the owner of said animal and agree to release the Webster Humane Association, Inc. from any and all responsibility related to the spay/neuter surgery.
3. WHASNP will only pay for the spay/neuter surgery ONLY. All animals are REQUIRED to have Rabies shot, Bordetella Booster (dogs) and be free of fleas and ticks by the time of surgery.
4. Animals that are pregnant or in heat are at greater risk during surgery, requiring additional care/charges, additional co-pay, and approval.
5. 24 hour notice for cancellation of spay/neuter surgery by phone is required, otherwise this agreement is null and void.

These **MUST** be sent in with application:

1. Proof of residence (ex: utility bill, Medicaid statement, phone bill)
2. Proof of income (ex: last year tax return, SSI statement, SNAP statement, black out SS #'s for privacy)

Applications cannot/will not be processed without this information.

Application Signature _____

Date _____

Applications are processed per post mark or fax date. Thank you for your patience.

First Come/First Serve

(revised 4-25-15)