

**COPPER COUNTRY HUMANE SOCIETY**  
**SPAY/NEUTER ASSISTANCE PROGRAM APPLICATION**



Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Household Members \_\_\_\_\_ email \_\_\_\_\_

Place of employment \_\_\_\_\_ approximate yearly income \_\_\_\_\_

Medicaid (yes/no) \_\_\_\_\_ Medicare (yes/no) \_\_\_\_\_ other assistance programs \_\_\_\_\_

*Thank you for your interest in getting your pet fixed! There are too many pets without homes in the Copper Country area. Getting your pet spayed or neutered will help reduce the problem of pet-over population in the future. OUR FUNDS are limited and all financial assistance is provided through fundraising efforts and donations.*

**This application is for spay/neuter assistance at participating veterinarian only.**

Do you have a regular veterinarian? Yes \_\_\_ No \_\_\_ If yes, who is your regular Veterinarian? \_\_\_\_\_

**The pet companion you are applying for assistance for: CAT or DOG (please circle one)**

Breed/color \_\_\_\_\_ Name of Pet \_\_\_\_\_ Age \_\_\_\_\_ approximate weight \_\_\_\_\_

Gender: Male Female

How long have you owned pet \_\_\_\_\_ Where did pet come from \_\_\_\_\_

Are any of your female cats or female dogs currently pregnant? Yes \_\_\_ No \_\_\_

How many litters has your female dog or cat had? \_\_\_\_\_

Total number of pets in your household \_\_\_\_\_ that have been spayed or neutered? \_\_\_\_\_

I agree to release the Copper Country Humane Society, its employees and staff, its Officers, Board of Directors and members from any claim, liability loss, damage or expense which I may incur from the spay or neutering of my animal described in this application. I understand that CCHS's only involvement is to provide partial funds for the spay and neutering of pets.

I hereby certify that all the information I have provided in this application is current to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to **Copper Country Humane Society**

P.O. Box 453

Houghton, MI 49931

906-487-9560 [www.cchumanesociety.com](http://www.cchumanesociety.com) email – [contactus@cchumanesociety.com](mailto:contactus@cchumanesociety.com)

**CCHS Spay/Neuter Voucher # \_\_\_\_\_ Date Issued \_\_\_\_\_**