

Please return to:
Happy Tails Animal Shelter
Humane Society of Ontario County
Spay/Neuter Assistance Program
2976 County Road 48 Canandaigua, NY 14424
(585) 396-4590

Date of Application _____

Owner's Name: _____

Address(No PO Box #) _____ Town/City _____ Zip _____

Telephone _____ Daytime # to contact _____

of Members in Household _____ Employer's Name: _____

Total Yearly Family Income: _____

Are you receiving Federal or County Assistance? _____

Pet Information

Name: _____ Cat: _____ Breed of Dog: _____ Age: _____ Sex: _____

Color/Description: _____

If pet is a female has she ever had a litter? _____ If yes how many? _____

Most recent date of litter: _____

If pet is a dog, state weight in pounds: _____

Required before application can be approved!

Vaccinations (Most recent dates): DHLPP _____ Rabies: _____ Fel. Dist: _____

Veterinary Hospital I would prefer to use: _____ Phone: _____

Veterinarian's estimate of surgery cost: \$ _____

(Surgery, Anesthesia, and Hospitalization only; any other costs are your responsibility)

Do you have other pets in the household? _____ Are they spayed/neutered? _____

Have you ever gone through the program before? _____ If yes, date? _____

(Limit of 3 Surgeries a year)

I hereby certify that the above information is true and correct.

Signed: _____

Please mail this form to the above address along with proof of ownership (if available), vaccination record, veterinary receipt, or dog license.

Surgery needs to be done within 90 days from approval date. Failure to do so will result in cancellation.

DO NOT MAKE AN APPOINTMENT FOR THE SURGERY UNTIL YOUR APPLICATION HAS BEEN APPROVED, OR YOUR APPLICATION WILL BE REJECTED!!!

****ALL APPLICANTS MUST BE RESIDENTS OF ONTARIO COUNTY TO APPLY****