

**THE HUMANE SOCIETY  
SPAY/NEUTER PROGRAM FOR  
ANDERSON COUNTY RESIDENTS ONLY**  
**(See Application Requirements at [www.andersoncohumane.org](http://www.andersoncohumane.org))**

The purpose of the program is to reduce the numbers of unwanted pets or stray animals in Anderson County. Certificate of Acceptance will cover the cost of spay or neuter, fecal exam and basic deworming. It will also cover the cost of shots required at the time of surgery (Rabies and DHLPP for dogs, Rabies and FVRCP for cats). **Pet owners are responsible for any additional unauthorized services.**

**\$20 Co-Pay**

**PLEASE PRINT**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ TN \_\_\_\_\_ Zip \_\_\_\_\_

**Type of Pet:** Dog Cat **Sex:** Male Female Pet's Name \_\_\_\_\_ **Weight** \_\_\_\_\_ **pounds**

Breed \_\_\_\_\_ Age of Pet \_\_\_\_\_ Color or Description \_\_\_\_\_

**Vaccinations:** Current Expired

**The following information must be completely filled out:**

**CIRCLE all that apply:** Own Home Rent Home Disabled Receive Food Stamps Single Income Medicaid  
Social Security Public Assistance Aid to Families with Dependent Children

How many persons living in the home? Adults \_\_\_\_\_ Children \_\_\_\_\_

How many pets in the household? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Estimate Annual Household Income \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

How did you get your pet that you are having spayed/neutered today? \_\_\_\_\_

I hold harmless the Humane Society of Anderson County and Ideal Animal Hospital from any claims and/or litigation arising out of the spaying/neutering of my dog/cat at Ideal Animal Hospital. I shall defend, indemnify, and hold harmless the Humane Society of Anderson County and Ideal Animal Hospital from any and all actual or alleged claims, demands, causes of action, liability, loss, damage and/or injury arising out of or incident to any acts of Ideal Animal Hospital, its personnel, employees, agents, contractors, or volunteers in connection with or arising out of Ideal Animal Hospital or the Anderson County Humane Society's actions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NEXT SIGN UP WILL BE ON THE LAST SATURDAY OF EVERY MONTH AT 10:00am SHARP  
372 WAREHOUSE ROAD, OAK RIDGE (ACROSS FROM ATLAS VAN LINES)  
BRING APPLICATION ALONG WITH PROOF OF INCOME**