



Ontario County Humane Society

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

Owner's Name: _____
Date of Application: _____
Address: _____ Zip _____
Telephone: _____ Best Time To Contact: _____
No. of Members of Household: _____ Employer's Name: _____
Total Family Income: _____ Are you receiving Federal or County Assistance?
PET INFORMATION: Name: _____
Cat: _____ Dog: _____ Age: _____ Sex: _____ Color/Description: _____
If 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: _____ Breed: _____

REQUIRED BEFORE APPLICATION CAN BE APPROVED!

Vaccinations (Most recent dates): DHLPP-PV: _____ 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: _____
I hereby certify that the above information is true and correct.
Signed: _____

Please mail this form to the above address along with the following:

1) 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.

PLEASE 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