



P.O. Box 861  
Cynthiana, KY 41031  
859.556.0071  
www.hshc.us

### Spay/Neuter Program Assistance Application

*The Humane Society of Harrison County, a non-profit organization, promotes humane care of all animals with an emphasis on spay and neuter by funding monthly surgeries for pets of Harrison County residents. Applicants must be 18 years old.*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

#### Pet Information: (Only a dog or cat is eligible)

| Cat/Dog | Name  | Weight | Sex   | Age   | Breed Description |
|---------|-------|--------|-------|-------|-------------------|
| _____   | _____ | _____  | _____ | _____ | _____             |
| _____   | _____ | _____  | _____ | _____ | _____             |

**Note:** The Humane Society of Harrison County limits 2 surgeries per household per calendar year

Donations of any amount are accepted to help support our Spay/Neuter Program which depends on contributions to ensure our Program continues and help reduce our cost of your pet's surgery which is paid in full by the Humane Society of Harrison County. I would like to donate \$\_\_\_\_\_ to the Humane Society of Harrison County Spay/Neuter Program. Please include your donation with this application. We accept cash, checks or payments made with Venmo or Paypal using the QR codes below. **Make checks payable to "Humane Society of Harrison County".**

I agree the above information is true and correct to the best of my knowledge. I agree that any and all pets reside at my home address and are owned by me. I agree the Humane Society of Harrison County and its volunteers have no responsibility or liability for any injuries to the above animals caused directly or indirectly by participation in the Spay/Neuter Program. I agree to this waiver of liability.

Signature of Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Applications are reviewed for approval on the second Thursday of each month based on availability of funds. You will be mailed a certificate with the information to schedule the surgery. **All surgeries must be completed by the expiration date.**

**Please mail completed application to: Humane Society of Harrison County, P.O. Box 861, Cynthiana, KY 41031**

#### Donation Links



venmo



PayPal



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