

**Intermountain Humane Society**  
**Spay/Neuter Assistance Voucher Program Application**  
One application must be submitted for each animal

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address (mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse or Other owner: \_\_\_\_\_

Animal Information: Animal Name: \_\_\_\_\_

Species: Dog Cat Breed: \_\_\_\_\_ Purebred: Yes No

Sex: M F Age: \_\_\_\_\_ Months Years Color: \_\_\_\_\_

Reason for requesting financial assistance (choose 1):

- ☐ Low Income level
- ☐ Senior on low fixed income
- ☐ Unemployment
- ☐ Excessive Medical Expenses in household
- ☐ Other Financial Situation (please explain below)

Family Information:

Number of adults in household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_

Number of disabled dependents in household (not listed above): \_\_\_\_\_

Total household monthly gross income (before withholding): \_\_\_\_\_

Please circle one: Rent Home Own/Buying Home Living with Others

Number of Dogs in Household: \_\_\_\_\_ # not spayed or neutered: \_\_\_\_\_

Number of Cats in Household: \_\_\_\_\_ # not spayed or neutered: \_\_\_\_\_

Please complete reverse side as well.

[illegible]

**I hereby certify that the information I have provided is truthful and correct to the best of my knowledge. I agree to hold the Intermountain Humane Society harmless in the event there are any problems or complications during surgical sterilization of my pet. Furthermore, Intermountain Humane Society will not be held liable for any addition charges related to this voucher beyond the face value of the voucher. I understand that many veterinarians require specific vaccinations prior to sterilization and I will be responsible for compliance with these requirements.**

Date \_\_\_\_\_

**Intermountain Humane Society, P.O. Box 1250, Conifer, CO 80433**  
**303-838-2668 (voice), 303-838-4419 (fax)**