Forrest City Area Humane Society

P.O. Box 2091
1058 SFC 200
Forrest City, AR 72336
Phone 870-633-7036 (please leave a message)

Grant Application and Contract

Date: _____ Spay/Neuter Date _____ Vet: _____ PO# _____

Name:(print) _____
first middle last

Address _____ City: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Driver's License #: _____ Date of Birth: _____

Directions To Your Home: _____

Dog: M ____ F ____ Cat: M ___ F ___ Age: _____ Type: _____ Pet's Name: _____

Description: _____

1. Do you Own _____ Rent? _____ House _____ Apartment _____ Trailer___Other_____
   Where do you keep your pet? Home_____ Office _____ Yard _____

2. Do you have a fenced yard? Yes_____ No _____

3. Provide proof your pet has been: License: ____ Immunized for Distemper: ___ Rabies:___
   Parvo virus: _____ receiving heart worm medication: _____

4. Provide proof of residence with 3 consecutive months of utility bills. _____

5. Provide proof of income with 3 consecutive months of bank statements. _____

YOU ARE SIGNING A LEGAL AND BINDING CONTRACT. YOU ARE STATING THAT THE INFORMATION YOU HAVE PROVIDED ABOVE IS CORRECT.

Upon approval the pet that you are to have surgically sterilized will be by Dr. Gehring in Forrest City, AR. This veterinarian has agreed to participate in the Spay and Neuter Grant.

You understand the Forrest City Area Humane Society retains the right to refuse any application

_____ _____
Date **Applicant**

THE PURPOSE OF OUR GRANT IS TO ENCOURAGE RESPONSIBLE PET OWNERSHIP.

Grant Approved By: _____ Date:_____

Grant Denied By: _____ Date:_____

Reason: _____

02/05/07