

Forrest City Area Humane Society

P.O. Box 2091 Forrest City, AR 72336 | 870.270.7036



PET INFORMATION

Pet Type: Dog Cat

Pet Gender: Male Female

Pet Name: _____ **Breed:** _____ **Age:** _____

Description (color, demeanor, defining features, etc.): _____

PERSONAL INFORMATION

Date: _____ **Spay/Neuter Date:** _____ **Primary Vet:** _____

Name (Print): _____

Address (Street, Unit, City, Zip): _____

Primary Phone: _____ **Mobile/Work Phone:** _____

Date of Birth: _____ **Driver's License No.** _____ **Social Security No.** _____

HOUSING INFORMATION

Housing Type: Owner Renter

Property Type: House Apartment Trailer Other: _____

Fenced-In Yard: Yes No

Immunizations: Rabies Distemper Parvo Heartworm Medication

REQUIRED DOCUMENTS

Please provide the following documents with your grant application:

- **Proof of Residence:** Three [3] most recent utility bills (i.e. water or electric bill)
- **Proof of Income:** Three [3] consecutive months of bank statements
- **Proof of Immunization:** Receipt or history of immunization from primary veterinarian

The purpose of this grant is to encourage responsible pet ownership in our communities. Upon approval of an application, you will be notified to schedule the approved pet for sterilization at **Dr. Gehring's Veterinary Hospital in Forrest City, Arkansas**. Forrest City Area Humane Society retains the right to refuse or decline any application submitted.

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU UNDERSTAND AND AGREE THAT THIS IS A LEGALLY BINDING DOCUMENT AND THE INFORMATION PROVIDED ABOVE AND ATTACHED HEREIN IS CORRECT.

Applicant Signature: _____ **Date:** _____

FCAHS USE ONLY:

Application Status: Approved Denied **by:** _____ **Date:** _____

Reason: _____