



ANIMAL SERVICES

3120 Martin Way • Olympia, WA 98506-4950 • (360) 352-2510

APPLICATION FOR SPAY/NEUTER FEE ASSISTANCE Funding for these services provided by Thurston County Humane Society

Name _____ Address _____
First/Middle/Last
 City, ZIP _____
 Phone _____ Msg Phone _____
Name Phone number

You may spay/neuter up to three pets in this program in a lifetime. All pets being spayed/neutered in this program MUST be currently licensed with Animal Services.

Pet type	Sex	Dog breed/Type of cat	Current license?	Need shots?
Dog Cat	M F		Y Lic# N	Y N
Dog Cat	M F		Y Lic# N	Y N
Dog Cat	M F		Y Lic# N	Y N

Additional pets? Y N How many Dogs? _____ Cats? _____ Other? _____

Number of people living in your home? Adults _____ Children _____

GROSS monthly income for the household \$ _____

Have you received assistance from the Thurston County Humane Society in the past? Y N
 When? _____ What type of assistance? _____

I can pay \$ _____ towards my spay/neuter bill in addition to applicable licensing fees.

I certify that the above statements are true and can be verified.

 Signature Date

-----For office use only--do not write below this line -----

Approved for _____