

**GALLUP MCKINLEY COUNTY HUMANE SOCIETY  
LOW INCOME SPAY-NEUTER PROGRAM APPLICATION**

Date of Spay/Neuter: \_\_\_\_\_

Spay/Neuter Program Number: \_\_\_\_\_

Paid by: \_\_\_\_\_ None \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ How Much Paid? \_\_\_\_\_

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

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

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

Species: \_\_\_\_\_ Dog \_\_\_\_\_ Cat Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Color/Markings: \_\_\_\_\_

Has your pet had a litter? \_\_\_\_\_ yes \_\_\_\_\_ no Do you think your pet is in heat? \_\_\_\_\_ yes \_\_\_\_\_ no

Species: \_\_\_\_\_ Dog \_\_\_\_\_ Cat Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Color/Markings: \_\_\_\_\_

Has your pet had a litter? \_\_\_\_\_ yes \_\_\_\_\_ no Do you think your pet is in heat? \_\_\_\_\_ yes \_\_\_\_\_ no

Species: \_\_\_\_\_ Dog \_\_\_\_\_ Cat Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Color/Markings: \_\_\_\_\_

Has your pet had a litter? \_\_\_\_\_ yes \_\_\_\_\_ no Do you think your pet is in heat? \_\_\_\_\_ yes \_\_\_\_\_ no

Species: \_\_\_\_\_ Dog \_\_\_\_\_ Cat Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Color/Markings: \_\_\_\_\_

Has your pet had a litter? \_\_\_\_\_ yes \_\_\_\_\_ no Do you think your pet is in heat? \_\_\_\_\_ yes \_\_\_\_\_ no

---

**Please read the following and sign:**

*I give permission to the McKinley County Humane Society to perform a spay or neuter on my pet. I realize my pet will be undergoing general anesthetic and a major surgery. I know that this is a discount surgery and the Humane Society does not perform any pre-op procedures such as blood work prior to the surgery. To my knowledge my pet is healthy and if I have concerns that my pet may be having any complications with age, kidneys, bad heart, etc. that I will have my pet examined by my Veterinarian prior to this surgery. I realize that my pet may have complications with the anesthesia or the surgery and that I will not hold the Humane Society responsible for any complication that may occur. If there is after care that is necessary due to complications it will be my responsibility to have my veterinarian take care of my pet at my expense.*

My pet has not eaten in the past 12 hours \_\_\_\_\_

*I realize that any complications from the spay or neuter will be my financial responsibility. It will be my responsibility to take my pet to my Veterinarian to be taken care of if any problems occur. I will not hold the McKinley County Humane Society responsible for any complications that may happen as a result of the surgery.*

\_\_\_\_\_  
Owner Signature or Responsible person bringing in animal for owner

\_\_\_\_\_  
Date

**McKinley County Humane Society encourages all responsible owners of cats and dogs to have their vaccinations and rabies up to date by your Veterinarian.**

**Thank you for taking the time to have your pet spayed or neutered.**