



ANIMALS · PEOPLE · COMMUNITY

2976 County Road 48
Canandaigua, NY 14424

Ph: 585.396.4590
Fax: 585.396.4805

Please return to:
Happy Tails Animal Shelter
Humane Society of Ontario County
Spay/Neuter Assistance Program
2976 County Road 48 Canandaigua, NY 14424

Date of Application _____

Owner's Name: _____
Address (No PO Box #) _____ Town/City _____ Zip _____
Telephone _____ Daytime # to contact _____
of Members in Household _____ Employer's Name _____
Total Yearly Family Income: _____
Are you receiving Federal or County Assistance? _____

Pet Information

Name: _____ Cat: _____ Breed of Dog: _____ Age: _____ Sex: _____
Color/Description _____
If pet is a female has she ever had a litter? _____ If yes, how many? _____
Most recent date of litter? _____
If pet is a dog, state weight in pounds: _____

Required before application can be approved!

Vaccinations (Most recent dates): __ DHLPP: _____ Rabies: _____ Fel. Dist: _____
Veterinary Hospital I would prefer to use: _____
Veterinarian's estimate of surgery cost: \$ _____
(Surgery, Anesthesia and Hospitalization only; any other cost are your responsibility)
Do you have other pets in the household? _____ Are they spayed/neutered? _____
Have you ever gone through the program before? _____ If yes, date? _____
(Limit of 3 surgeries per year)

I hereby certify that the above information is true and correct.

Signed: _____

Please mail this form to the above address along with proof of ownership (if available),
vaccination record, veterinary receipt, or dog license.

Surgery needs to be done within 90 days from approval date. Failure to do so will result in
cancellation.

**DO NOT MAKE AN APPOINTMENT FOR THE SURGERY UNTIL YOUR APPLICATION
HAS BEEN APPROVED OR YOUR APPLICATION WILL BE REJECTED!!**

ALL APPLICANTS MUST BE RESIDENTS OF ONTARIO COUNTY TO APPLY