



Animal Shelter of Schoharie Valley Inc
 304 Howes Cave Road PO Box 40
 Howes Cave, NY 12092
 518-296-8390
www.schoharieanimalshelter.org

Application for Spay/Neuter

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip: _____

Email: _____

Total Gross annual income: \$ _____

Number of adults in household: _____ Number of children in household: _____

Name and phone number of current Veterinarian: _____

List of cat's in need of program:

Name	Species	Breed	Sex	Age	Date of Distemper Vaccine	Date of Rabies (proof required)

Check any benefits currently received by members of your household: (Proof required)

Food Stamps: ___ SSI: ___ Medicaid: ___ State Medical Assistance: ___

State Food Assistance: ___ State Family Assistance: ___ State Safety Net Assistance: ___

Low income housing: _____

- To qualify for the spay/neuter program of the Animal Shelter of Schoharie Valley, Inc. ("ASSV"), you must provide proof of income and or participation in the above assistance programs. Proof of income will consist of the two most recent pay stubs for ALL household wage earners or the most recent W-2 forms for all household wage earners.



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- If ASSV Veterinarian determines that your pet is not healthy enough to be altered, your appointment will be rescheduled.
- The ASSV may, in its sole discretion approve or deny spay/ neuter services. The ASSV may determine you are eligible for services provided by other agencies and will refer you to those agencies when appropriate.

I certify all of the information I have provided is accurate. I understand that falsifying any information will exclude me from receiving services.

Signature

Date

For office use only: Feral Low- Income Rescue Adopted from ASSV	
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