



For Office Use Only:
Application No.: _____

Central Brevard Humane Society
1020 Cox Road • Cocoa, FL 32926
(321) 636-3343 • Fax: (321) 636-0127 • www.crittersavers.com

Brevard County Spay/Neuter Application

CONTACT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone(s): Home: _____ Work: _____ Cell: _____
** A phone number is required.*

Please provide information about the cat(s) you would like to have spayed/neutered:

Cat's Name: _____ Age: _____
Breed: _____ Color: _____
Sex (circle one): Male Female
Feral (if YES, we will ear tip your cat) (circle one): Yes No
Date of Last Rabies Shot: _____
Pregnant? (circle one): Yes No Date of Last Litter: _____
Where did you get this pet?: _____

Cat's Name: _____ Age: _____
Breed: _____ Color: _____
Sex (circle one): Male Female
Feral (if YES, we will ear tip your cat) (circle one): Yes No
Date of Last Rabies Shot: _____
Pregnant? (circle one): Yes No Date of Last Litter: _____
Where did you get this pet?: _____

Cat's Name: _____ Age: _____

Breed: _____ Color: _____

Sex (circle one): Male Female

Feral (if YES, we will ear tip your cat) (circle one): Yes No

Date of Last Rabies Shot: _____

Pregnant? (circle one): Yes No Date of Last Litter: _____

Where did you get this pet?: _____

Cat's Name: _____ Age: _____

Breed: _____ Color: _____

Sex (circle one): Male Female

Feral (if YES, we will ear tip your cat) (circle one): Yes No

Date of Last Rabies Shot: _____

Pregnant? (circle one): Yes No Date of Last Litter: _____

Where did you get this pet?: _____

How many other pets do you have? Cats: _____ Dogs: _____ Are they sterilized? _____

Vet's Name: _____ Phone: _____

Please provide information about your financial eligibility:

What is the total yearly income of your household?: _____

How many adults are in your household?: _____

How many children are in your household?: _____

In addition to this application, you are required to provide documentation of eligibility. These documents need to be submitted with your application and will be returned to you. Individuals qualified for government assistance will receive a FREE rabies vaccine for pet.

Check any that describe your situation:

- Federal Public Housing Assistance (FPHA)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- National School Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- A Social Security Statement of Benefits
- Other Documentation for Eligibility
- None of the Above Apply

How did you hear about this program? (check one):

- Brevard County Animal Services
- Central Brevard Humane Society
- Flyer
- Friend
- Internet
- Other: _____

All medical procedures carry a degree of risk, although it is very small for sterilization surgery. Brevard County Animal Services and the Central Brevard Humane Society cannot be held liable for any unexpected outcomes.

I have read and agree to abide by the instructions, requirements and conditions. I am requesting sterilization of my cat(s) described above and understand that I will not be charged a co-pay (of \$20.00) for each animal. Funds are limited and available on a first-come, first-serve basis. This information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

** Please be sure to sign your application. All questions must be answered.*

APPLICATION INSTRUCTIONS:

Complete the application and return it with the applicable documents and a copy of your Driver's License or State Issued Identification card to the:

Central Brevard Humane Society
1020 Cox Road
Cocoa, FL 32926

Once we receive your application and documents, you will be notified of your application status (approved or denied) by phone. If approved, at that time you will be able to schedule an appointment for your cat(s) procedure. For questions, please contact the Central Brevard Humane Society at (321) 636-3343 ext. 206.