



For Office Use Only:
Application No: _____

Brevard County Spay/Neuter Application

Please provide your contact information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(At least one phone number is required)

NOTE: *If your address doesnot match your identification you will need to include documentation, such as a utility bill that shows your current address.*

Please provide information about the cat(s) you would like to have spayed/neutered (Maximum 4 per household):

Name of Cat	Age	Sex	Feral? (if yes, we will eartip your cat)	Date of last Rabies shot <small>(required prior to surgery)</small>	Pregnant?	Date of last litter	Where did you get this pet?
		Male or Female (Circle one)	Yes or no (Circle one)		Yes or no (Circle one)		
		Male or Female (Circle one)	Yes or no (Circle one)		Yes or no (Circle one)		
		Male or Female (Circle one)	Yes or no (Circle one)		Yes or no (Circle one)		
		Male or Female (Circle one)	Yes or no (Circle one)		Yes or no (Circle one)		

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

Name of veterinarian: _____ Vet's phone number: _____

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.

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

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

- CBHS
- Brevard County Animal Services
- From a friend
- Flyer
- Internet
- Other (describe) _____

All medical procedures carry a degree of risk, although it is very small for sterilization surgery. Brevard County Animal Services and 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 be charged a \$20.00 co-pay for each animal. 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.



Brevard County Spay/Neuter Application Instructions

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

Brevard County Animal Services and Enforcement
2725 Judge Fran Jamieson Way, Building A
Viera, Florida 32940

Once we receive your application and documents, you will receive notice of your application status, (approved or denied), by mail. Once you are approved, you will need to contact the Central Brevard Humane Society at **636-3343, ext 206**, to schedule your appointment.

If you have any questions regarding your application please contact Animal Services at (321)633-2024.