



**HUMANE SOCIETY OF THE OUACHITAS**  
**Spay/Neuter Assistance Program**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Number of persons living in household \_\_\_\_\_

Willing to pay \$10 for Rabies shot \_\_\_\_\_

Household Income Prior Year \_\_\_\_\_

	<b>Dog/Cat</b>	<b>Name</b>	<b>Gender</b>	<b>Age</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

Completed form may be mailed in or hand delivered to the shelter

Mailing address: HSO, PO Box 845, Mena, AR, 71953

Approved by \_\_\_\_\_

Date \_\_\_\_\_