

Lummi and Nooksack Nation Spay & Neuter Assistance Program

(Please provide your tribal identification card when submitting your application)

Your Name (first & last): _____ Today's Date: _____

Street Address: _____ City/State/Zip: _____

Primary Phone #: _____ Alternate Phone #: _____

Are you currently receiving any government financial assistance? Yes No

Are you willing/able to bring your animal(s) to the Whatcom Humane Society for surgery? Yes No

Do you allow your animal(s) to live/sleep inside your home? Yes No If, no – Please make arrangements for your pet to be indoors for at least 24 hours after surgery or ask WHS staff for assistance.

Are your animals currently vaccinated? Yes No

Do you have a regular veterinarian? Yes No If yes, who? _____

LIST ALL CURRENT ANIMALS IN THE HOUSEHOLD

DOGS

Name: _____ Breed: _____ Weight: _____ Age: _____ M or F? Fixed? Y/N

Name: _____ Breed: _____ Weight: _____ Age: _____ M or F? Fixed? Y/N

Name: _____ Breed: _____ Weight: _____ Age: _____ M or F? Fixed? Y/N

Name: _____ Breed: _____ Weight: _____ Age: _____ M or F? Fixed? Y/N

Name: _____ Breed: _____ Weight: _____ Age: _____ M or F? Fixed? Y/N

CATS

(Please circle one)

Name: _____ Short Medium or Long Hair Age: _____ M or F? Fixed? Y/N

Name: _____ Short Medium or Long Hair Age: _____ M or F? Fixed? Y/N

Name: _____ Short Medium or Long Hair Age: _____ M or F? Fixed? Y/N

Name: _____ Short Medium or Long Hair Age: _____ M or F? Fixed? Y/N

Name: _____ Short Medium or Long Hair Age: _____ M or F? Fixed? Y/N

----->OFFICIAL USE ONLY – PLEASE DO NOT WRITE BELOW<-----

Pet's Name(s): _____ No Show Date(s): _____

_____ Call/Communication Notes: _____

Date Scheduled: _____

Re-Scheduled Date: _____

Re-Scheduled Date: _____