

Forrest City Area Humane Society  
P.O. Box 2091  
2890 Mallory Road  
Forrest City, AR 72336  
Phone 870-633-7036 (please leave a message)  
Grant Application and Contract

Date: \_\_\_\_\_ Spay/Neuter Date \_\_\_\_\_ Vet: \_\_\_\_\_ PO# \_\_\_\_\_

Name:(print) \_\_\_\_\_

Address \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Directions To Your Home: \_\_\_\_\_

Dog: M \_\_\_ F \_\_\_ Cat: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Type: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Description: \_\_\_\_\_

1. Do you Own \_\_\_\_\_ Rent? \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_ Trailer \_\_\_\_\_ Other \_\_\_\_\_  
Where do you keep your pet? Home \_\_\_\_\_ Office \_\_\_\_\_ Yard \_\_\_\_\_

2. Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Provide proof your pet has been: License: \_\_\_\_\_ Immunized for Distemper: \_\_\_\_\_ Rabies: \_\_\_\_\_  
Parvo virus: \_\_\_\_\_ receiving heart worm medication: \_\_\_\_\_

4. Provide proof of residence with 3 consecutive months of utility bills. \_\_\_\_\_

5. Provide proof of income with 3 consecutive months of bank statements. \_\_\_\_\_

**YOU ARE SIGNING A LEGAL AND BINDING CONTRACT. YOU ARE STATING THAT THE INFORMATION YOU HAVE PROVIDED ABOVE IS CORRECT.**

Upon approval the pet that you are to have surgically sterilized will be by Dr. Gehring in Forrest City, AR. This veterinarian has agreed to participate in the Spay and Neuter Grant.

**You understand the Forrest City Area Humane Society retains the right to refuse any application**

\_\_\_\_\_ Date \_\_\_\_\_ Applicant \_\_\_\_\_

**THE PURPOSE OF OUR GRANT IS TO ENCOURAGE RESPONSIBLE PET OWNERSHIP.**

Grant Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_