



LUMMI/NOOKSACK NATION SPAY & NEUTER ASSISTANCE GRANT PROJECT

(Please Bring Your Tribal ID Verification)

Your Name: _____ 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

LIST ALL CURRENT ANIMALS IN THE HOUSEHOLD

DOGS

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

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

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

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

CATS

Name _____ (Please circle one) Short Medium Long Hair? Age _____ M or F? Fixed? Y/N

Name _____ (Please circle one) Short Medium Long Hair? Age _____ M or F? Fixed? Y/N

Name _____ (Please circle one) Short Medium Long Hair? Age _____ M or F? Fixed? Y/N

Name _____ (Please circle one) Short Medium Long Hair? Age _____ M or F? Fixed? Y/N

Do you allow your animals to live/sleep inside your home? Yes No

Who is your regular veterinarian? _____

Are your animals currently vaccinated? Yes No

If no, would you be interested in your animals receiving vaccinations & flea treatment? Yes No

OFFICIAL USE ONLY - PLEASE DO NOT WRITE INSIDE THIS BOX

Surgery Done _____ No Show _____

Additional Information: _____

Pet's Name(s): _____

Cost: _____

Date Scheduled: _____

Re-Scheduled Date: _____

First Call Attempted: _____

Second Call Attempted: _____