



Pulaski County Humane Society



CLINIC APPLICATION SHELTER/RESCUE GROUP

Date _____

Your Organization's Name _____

Mailing Address _____

Physical Address (if different) _____

Phone _____ Email _____

Is your organization registered as a 501(c)(3) non-profit? _____

If yes, what is your Federal ID#? _____

List references – Agency and phone #:

1) _____

2) _____

3) _____

Approximately how many animals do you need to spay/neuter per month? _____

Fees are due at time of animal drop off.

*Papers proving humane society/shelter/rescue property for at least 10 days must
accompany your pet.*

An accurate number of pets must be given when your appointment is made.

Overbooking can result in dismissal from our program.

I have read and will abide by Spay Clinic rules.

Signature _____ Date _____

Your Name _____ Your Title _____

Please mail your completed application to P.O. Box 1046 Dublin, VA, email to pchsva@gmail.com, or bring it to our office at the shelter

ELECTRONIC SUBMISSION OF THIS APPLICATION WILL SERVE AS SIGNATURE