

"Fixin' Country Cats" Application

managed by Hamilton Humane Society, Inc.

Prefer e-mail: *HamiltonHumaneSociety@yahoo.com* 386-938-4092

OWNER'S NAME: _____

Phone Number(s): 1) _____ - _____ - _____ 2) _____ - _____ - _____

ADDRESS: _____, _____ FL _____
Street or P.O. Box City Zip Code

E-MAIL Address: _____

ENTER ID NUMBER FOR ONE OF THE FOLLOWING BENEFITS:

***FERAL CARETAKERS:** Check here / \ and go to PET INFORMATION
(benefit must be in the name of the Applicant and not his/her children)

/ / **FOOD STAMP Program ID #:** _____

/ / **MEDICAID (not Medicare) ID #:** _____

/ / **SSI (Supplemental Security Income) ID #:** _____
(not regular or disability Social Security)

PET INFORMATION: Enter additional cats on reverse side.

FERAL CARETAKERS: Enter **NUMBER** of cats here and **STOP:** _____ #

1. NAME _____ MALE or FEMALE _____
COLOR(s): _____ Estimated AGE: _____ years _____ months

2. NAME _____ MALE or FEMALE _____
COLOR(s): _____ Estimated AGE: _____ years _____ months

3. NAME _____ MALE or FEMALE _____
COLOR(s): _____ Estimated AGE: _____ years _____ months

DO NOT WRITE BELOW THIS LINE

OFFICIAL USE ONLY

DATE VOUCHER(S) ISSUED: _____ VOUCHER # Pet 1: _____

Issuer's Signature: _____ VOUCHER # Pet 2: _____

Issuer's Title: _____ VOUCHER # Pet 3: _____