



Animal Control Code Enforcement  
EMAIL: [animalcontrol@hualapai-nsn.gov](mailto:animalcontrol@hualapai-nsn.gov)

## SPAY NEUTER APPLICATION

- Funding provided Arizona Companion Animal Spay and Neuter Pet Friendly License Plate GRANT Information on how you contribute or obtain the Arizona Companion Animal Spay and Neuter License Plate for your vehicle, go to the website [www.azpetplates.org](http://www.azpetplates.org)



**Terms of Understanding:** Funding is only for specific spay neuter surgery for feline/canine. Pet owners are responsible for any other direct fees (i.e. overweight, medication, other medical). Pet Owners are responsible to provide own transportation to and from selected location for spay neuter surgery in Kingman, Arizona at Humane Society Mohave County Animal Medical Center (Formally known as Low Cost Spay Neuter of Kingman).

**Pre-Surgery Instruction:** DO NOT FEED your pet after 10 PM the day before your pet's appointment. Water is ok to leave out. If your pet accidentally gets a small amount of food the day of surgery, discuss with staff upon arrival of your pets appointment.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

### Pet Owner Information

Address: \_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Pet Information

Name of Pet: \_\_\_\_\_

Age of Pet: \_\_\_\_\_ Weight: \_\_\_\_\_ (Circle) DOG CAT MALE FEMALE

#### VACCINATION HISTORY:

Dog: Distemper/Parvo  Bordetella  Rabies  (Month/Year): \_\_\_\_\_

Cat: FVRCP  Feline Leukemia  Rabies  (Month/Year): \_\_\_\_\_

#### INTERNAL TRACKING AND APPROVAL:

ID NUMBER 25-

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved Disapproved (circle)

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

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- **Appointment:** It is IMPORTANT you keep your appointment for your pet's surgery