



**Humane Society of Mason County
Spay / Neuter Registration Form**

Name: _____

Mailing Address

Street: _____

City: _____ **Zip Code:** _____

Phone: _____

Email: _____

Pet Information*

Dog or Cat (please circle) **Breed:** _____

Male or Female (please circle) **Age:** _____ **Weight:** _____

**After your completed form is received by our office, you will be contacted by one of our volunteers to discuss eligibility requirements and to complete the spay/neuter voucher form*

Send completed form via mail or email:

Mail to: Humane Society of Mason County, P.O. Box 168, Belfair, WA 98528

Email to: info@hsmcwa.org