

Office Use Only

2009 MS Spay Neuter Application Form

Voucher I.D. No.

Date

Your Name

E-mail (please print clearly)

Address

City, State, Zip

Primary Phone #

Alternate Phone #

Pet's Name

Pet's Color(s)

Pet's Breed

Species (circle one)
Cat Dog

Pet's Sex (circle one)
Male Female

Pet's Estimated Weight

Pet's Estimated Age
Years Mos.

If female, is your pet currently in heat or pregnant?

Has your pet been vaccinated in the past 12 months?
If yes, Date: _____

Does your pet have any health problems?

Complete the following if you would like to be considered for the Free Spay/Neuter Program:			
Household Size:	Occupants over 18:	Number of pets in household: ____ Cats ____ Dogs	Has your pet been vaccinated for Rabies? ____ yes ____ no
Eligibility: Circle each that applies to your household and attach supporting documentation			
Medicaid SSI - Disability TANF	Household Income less than 50% of Median (attach first page of Federal tax return for all occupants over 18)	Food Stamp Recipient Un-employment	
<i>Supporting documentation will be reviewed for consideration then promptly destroyed.</i>			

It is important for you to understand that the risk of injury or death, although low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as the legal owner of the pet named above, hereby request and authorize MS SPCA, through whomever veterinarians and/or clinics they may designate, to perform an operation for sexual sterilization on my pet.

- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service
- I understand that some factors may increase surgical risk, including but not limited to pregnancy, heat, FIV, Feline leukemia, heartworms, and/or other existing conditions not apparent by examination.
- I understand that inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.
- I understand that it can take up to two weeks for vaccinations to protect my animal.
- I certify that my animal is in good health and will have had no food after 9:00 PM the evening prior to surgery.
- I understand that MS SPCA has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that the designated service provider will proceed with the surgery regardless of a positive result to any test requested, unless I have specifically instructed otherwise or unless the surgery is deemed to be an inadvisable risk.
- I understand if my pet is found to be pregnant, the pregnancy may be terminated at surgery.
- I understand that if I don't retrieve my pet at the agreed upon time a daily boarding fee of \$15 per day will be charged. Any pet not retrieved within 48 hours of the agreed upon time will be considered abandoned and released to the Animal Control authority.

I hereby release and hold harmless MS SPCA, it's employees, members, volunteers and/or designated service providers from any and all claims arising out of or connected with the performance of the sterilization procedure and/or transportation of my pet.

Pet Owner's Signature: _____ **Date:** _____

S/N Service Questionnaire

If I qualify for Program I (free voucher) or Program II (discount voucher) my preference would be to (check one):

- Receive my pet's Spay/Neuter services through MS SPCA's discount service provider with transportation to and from the clinic.
- Receive a Spay/Neuter voucher to be used at the participating veterinarian of my choice
(note: MS SPCA will only reimburse the veterinarian \$50 of the cost of the spay neuter procedure. All other charges over and above the \$50 will be between you and your veterinarian)

Who do you normally use for veterinarian care for your pet? _____

Do you have other pets in your household that need spay/neuter services? yes no

Please list the information on your other pets if you would like to be considered for assistance for them.

Name	Specie (cat or dog)	Sex	Breed	Age	Weight

Are you currently a member of The Maude Schifley SPCA? yes no

Would you be interested in helping other animals by supporting your SPCA as a member?

Family \$20.00 Individual \$15.00

Would you be interested in doing volunteer work for the SPCA?

pet walking foster care membership bathing/grooming other _____

Would you like to provide assistance for other pets that need spay/neuter services?

\$25.00 \$50.00 \$100.00 other

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do not complete below this line

Voucher Number:		S/N Date:	
Issue Date:		S/N cost to SPCA:	
Expiration Date:		Service Provider:	

For Program I (free voucher) recipients, indicate the method of verifying income eligibility (circle):

- Medicaid Card
 EBT card for Food Stamps, TANF, WIC
 First page of Federal Tax Return for all occupants
 Social Security Awards Letter
 Un-employment award letter or copy of check

Verified by:

_____ MS SPCA official

_____ Date