


All about PetCare

Low Cost Canine Spay/Neuter Program Criteria

1. Pet must weigh no more than 40 lbs.
2. Applicants must provide documentation of participation in a qualified income-based program.
3. Pet must have a pre-surgical examination with the veterinarian within one week of the scheduled surgery to confirm the pet's eligibility for the program. It is hazardous for dogs to undergo surgical procedures if they have intestinal parasites such as roundworms, hookworms, or whipworms. Pets must present a record of negative fecal examination from a veterinarian within the last month or a fecal examination for intestinal parasites will be performed at a reduced cost (\$14.95) during the pre-surgical appointment. Pets positive with parasites must be dewormed with a prescription medication (ie, OTC dewormers are not acceptable) and surgeries may be scheduled 7 days after deworming.
4. Certificates will be sold after the pre-surgical examination and, if applicable, necessary fecal examination & deworming.
5. Certificates are non-refundable and expire within one month of purchase. Acceptable forms of payment include cash or credit card (additional service fee of \$2 applies for credit card payments).
6. Certificates cost \$65 for females and \$55 for males. An additional fee of \$20 will apply for female dogs in heat or pregnant or older than 6 months or male dogs with retained testicles.

OWNER INFORMATION Owner must be at least 18 years old.

Name: _____ Home Phone: _____ Cell Phone: _____
Street Address: _____
City, State: _____ Zip: _____

PET INFORMATION (One pet per application)

Name: _____ Breed: _____ Color(s): _____ Date of Birth: _____

Sex: Male Female Age: _____ Date of last veterinarian examination: _____

Date of last fecal examination (documentation required): _____ Results of fecal: _____

Has your dog had any vomiting or diarrhea within the last week? Yes _____ No _____

How did you hear about the low cost spay neuter program?

____ Friend/neighbor (Name _____) ____ Online ____ Driving by ____ Brochure Advertisement

PROGRAM UNDER WHICH YOU ARE CLAIMING QUALIFICATION (please circle one)

1. Food Stamps 2. WIC (Women, Infants, & Children) 3. Disability 4. Medicaid 5. SSI 6. Section 8

DOCUMENTATION FOR ABOVE PROGRAM OR INCOME MUST BE ATTACHED.

I acknowledge that I have read, understand and agree to the above listed Low Cost Spay/Neuter Program Criteria.

Signature: _____ Date: _____

Management use only: Approved _____ Declined _____ reason: _____ Date: _____ Initials: _____
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