



## Low-Cost Spay/Neuter Program Application / Pet Owner Agreement

### Pet Owner Information

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

### Pet Information

Dog / Cat (circle one) Male / Female (circle one)

Name of Current Veterinarian: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Colors: \_\_\_\_\_

**SERVICES REQUESTED** (Circle) Spay/Neuter, Rabies, Vaccs, Microchip, Other: \_\_\_\_\_

**Cats Only:** (Circle) Short Hair Medium Hair Long Hair || **Ear Notch/Clip** Yes or No

I understand that additional charges from the veterinarian may be added (it is advised that you discuss this with the veterinarian in advance). Proof of Rabies vaccination is required in most veterinary offices. This can be done at the time of surgery, if needed. I waive any and all claims against SAM COFFEY ANIMAL RESCUE FRIENDS which may result from my pet's surgery. I have read and understand the guidelines section. All my answers are correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\$40 Non-Refundable Deposit required to reserve spot. Remaining balance due at drop off or no transport and no refund of deposit.**