



**Application for Subsidized Spay/Neuter
SPAY/NEUTER ASSISTANCE PROGRAM**

Adopt-A-Pet, Inc

13575 Fenton Rd Fenton, MI 48430 810-629-0723 Fax: 810-629-4123

Date: _____

Name: _____
 First Middle Last

Address: _____
 Street City Zip

Phones: _____
 Home Cell

Number of dependents residing at above address: _____

Are you the primary source of income in this residence? ____ Yes ____ No

What/Who are other sources of income for the residence? _____

Do you currently have a veterinarian? ____ Yes ____ No If yes, please list: _____

Have you ever had a veterinarian? ____ Yes ____ No

ABOUT YOUR PET

Dog: Cat: Breed: _____ Sex: _____ Age: _____

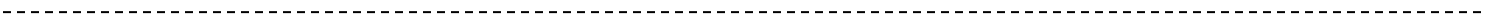
Color: _____ Weight: _____ Name: _____

How long have you owned this pet? _____ If female, how many litters? _____

Has it had any surgeries? ____ Yes ____ No If yes, please list: _____

Has it had any illnesses? ____ Yes ____ No If yes, please list: _____

Please list vaccinations: _____



Dog: Cat: Breed: _____ Sex: _____ Age: _____

Color: _____ Weight: _____ Name: _____

How long have you owned this pet? _____ If female, how many litters? _____

Has it had any surgeries? Yes No If yes, please list: _____

Has it had any illnesses? Yes No If yes, please list: _____

Please list vaccinations: _____

Please provide certificate of rabies. (NOTE: If there is not a current rabies vaccination, this expense will be the owner's responsibility.)

ABOUT YOU

Do you receive one or more of the following? Please circle:

Medicaid

Food Assistance Program (FAP)

Family Independence Program (FIP)

Women, Infant and Children (WIC) Program

Supplemental Security Income (SSI)

State Disability Assistance (SDA)

Social Security Disability (SSD)

Unemployment Benefits

Genesee Health Plan

Other: _____

If you have expenses or hardships which might aid in making a favorable application, please describe them fully on the back of this sheet. Do you have such hardships? ____Yes ____No

Please initial in the space provided that you have read, understand and agree to the following:

_____ I understand that Adopt-A-Pet (AAP) provides spay/neuter, heartworm test and rabies vaccination ONLY. All additional medical care required for this pet including removal of sutures is the responsibility of the owner. AAP provides no post-operative treatment for patients beyond discharge from our facility and will not be financially responsible for any future medical expenses of the pet.

_____ I understand that there are risks involved in any surgical procedure. These risks, including possible death, have been explained to me and I give informed consent for my pet to undergo the spay/neuter procedure. I also understand that AAP is under no obligation to perform surgery on animals for whom the risk of anesthesia and surgery is deemed by the veterinarian to be unreasonable.

_____ I understand that pregnancy and heat increase the risk during any surgical procedure and post-operative period. I agree to proceed with surgery with full knowledge of these risks including death and I agree to pay the additional fees associated with such surgery.

_____ Safe transport of pets into and out of the AAP facility is the responsibility of the pet owner. AAP cannot be held accountable for animals escaping from the owner's possession during transport. All cats must be transported in carriers or live traps; all dogs must be in carriers or leashed.

_____ Animals deemed an endangerment to the staff and volunteers of AAP will not be considered for surgery.

_____ I affirm that all questions have been answered fully and truthfully. I also affirm that I am the legal owner of the pet being presented for surgery and that I am at least 18 years of age.

_____ I agree to waive and forever discharge Adopt-A-Pet, their officers, employees, agents, veterinarian(s) and volunteers from any and all present and future claims, causes of actions, demands, charges, complaints, liabilities or damages that may arise during or as a result of the anesthesia and/or surgical procedure or vaccination.

_____ I acknowledge that I have read and understand this agreement and sign willfully. I have also been provided a list of post-operative care instruction and a list of emergency veterinary clinics which I can contact in the event of any post-operative concern or complication.

_____ I agree to be available by telephone **during the entire time my pet is in Adopt-A-Pet's care.** I understand that the veterinarian will not perform surgery on animals when the owner cannot be reached by phone.

_____ In the event I cannot be contacted during the surgery, I authorize the veterinarian to perform whatever medical procedures are necessary and agree to pay the associated fees.

_____ I understand that Adopt-A-Pet provides this service willfully, and is not obligated to approve this application. Dogs over 50 lbs., animals in heat and/or obese may result in additional charges for surgery. These costs will be the responsibility of the pet owner.

_____ I agree to pay the entire fees at the time of surgery. I understand that my actual fee may be more or less than previously quoted due to obesity, heat, fleas, etc.

The following tests are recommended. I do/do not wish to have the following performed for my pet:

FelV/FIV Test (Cats only) - \$21 Yes No
Feline Leukemia Virus/Feline Immunodeficiency Virus

Pre-Surgical Bloodwork - \$35 Yes No
Pre-surgical bloodwork is used to assess the overall health of the patient.

Rabies Vaccine - \$7 Yes No
It is mandatory for dogs to have an up to date rabies vaccine.

Flea Prevention - \$10 Yes No
For the protection of yours and other client's animals, any animal with LIVE fleas will automatically be treated at the owner's expense.

Signature of Applicant

Date

AUTHORIZATION

_____ Denied

_____ Approved, client to pay: _____

Signature of Manager

Date