



Clinic Use Only: Received _____	Called _____
Scheduled _____	

LOW INCOME/FERAL-BARN CAT SPAY/NEUTER APPLICATION

APPLICANT INFORMATION

You will need to COMPLETELY fill out this form and will need to supply documentation of income and provide a utility bill or driver's license for ID verification or the procedure will be cancelled. This address must match the address on your income verification. A student ID card and proof of current enrollment is needed for college student applicants.

Legal Name:		
Home Phone:	Cell Phone:	Email:
Current address:		
City:	State:	ZIP Code:
County:	Date of application:	

INCOME

Please provide proof of the following that apply to income verification: **(MUST BE SUBMITTED WITH APPLICATION, not for feral/barn cat)**

College Student HEAP Social Security Assistance Government Assistance SNAP Medicaid ID Card

PETS INFORMATION (PLEASE FILL OUT ENTIRELY)

Name:	Age:	Sex : M F	Breed:
Species: Cat	Date of last rabies vaccine _____ (bring/send certificate with application, NOT tag) REQUIRED or will be given at time of surgery		Weight: Color:
How long have you had this pet?	If female, date of last heat?	Is your pet: Indoors Outdoors Both	
Has this pet shown signs of illness in the last week such as coughing, sneezing, vomiting, diarrhea, seizures, or been diagnosed with any contagious or life-threatening disease(s) or congenital disease(s) such as a heart murmur or seizures? <input type="checkbox"/> yes _____ <input type="checkbox"/> no			
Has your pet bitten anyone in the last 10 days? <input type="checkbox"/> yes <input type="checkbox"/> no Is your pet on medications? <input type="checkbox"/> yes _____ <input type="checkbox"/> no			

- **Once your application has been reviewed and your income verification received we will call you to schedule an appointment**
- **Payment is due at drop off for the procedure. WE ACCEPT cash, credit cards, and Care Credit. WE DO NOT ACCEPT checks.**
- **Kindly give us 24 hrs notice for rescheduling - Missed surgeries will incur a \$25 rescheduling fee**

YOU MUST REVIEW THE PREOPERATIVE AND POSTOPERATIVE INSTRUCTIONS PRIOR TO SURGERY

SURGERY FEES – PRICES INCLUDE SURGERY, IN-HOSP PAIN MED, RABIES VACCINE, NAIL TRIM, FLEA TREATMENT

CAT NEUTER	\$75
CAT SPAY	\$120

ADDITIONAL FEES AND OPTIONAL SERVICES

TAKE HOME PAIN MEDS (STONGLY RECOMMENDED)	\$20	FeLV/FIV TEST	\$40
PREGNANCY	\$40	DISTEMPER or LEUKEMIA VACCINE	\$18/18
CRYPTORCHID EXTERNAL/INTERNAL	\$20/\$50	DEWORMING - Topical	\$26
EAR CLEANING	\$10	MICROCHIP	\$40
FECAL	\$25	ECOLLAR	\$10

I certify that I am the legal owner/responsible agent for the animal described above and the above information is true. In the unlikely event that I do not pay this bill when due, I agree to be responsible for all collection costs and/or reasonable attorney's fees involved in collecting this bill.

Signature: _____

Date: _____