



Spay/Neuter Application

This program is available to:

- * pet owners receiving some sort of public assistance
- * owners of pit bull dogs, regardless of income
- * those who care barn/free roaming cats, regardless of income
- * people who have found a cat they are willing to keep

Part 1—The Animals

Animal #1: Name: _____ is **Cat or Dog** **Male or Female?**

Age: _____ Weight: _____ Had or fathered a litter? _____

Breed: _____ Color: _____

Source of Animal: Bought Found Adopted Inherited/Given Born Here
(check one)

From: Pet Store Shelter Breeder Friend/Relative Stray

Animal #2: Name: _____ is **Cat or Dog** **Male or Female?**

Age: _____ Weight: _____ Had or fathered a litter? _____

Breed: _____ Color: _____

Source of Animal: Bought Found Adopted Inherited/Given Born Here
(check one)

From: Pet Store Shelter Breeder Friend/Relative Stray

Animal #3: Name: _____ is **Cat or Dog** **Male or Female?**

Age: _____ Weight: _____ Had or fathered a litter? _____

Breed: _____ Color: _____

Source of Animal: Bought Found Adopted Inherited/Given Born Here
(check one)

From: Pet Store Shelter Breeder Friend/Relative Stray

Part 2—Personal and Financial Information

Please print clearly

Your Name: _____ Phone: () _____

Address: _____ City and Zip: _____

Email Address (if you check regularly): _____

Who is your current veterinarian? _____

What type of public aid are you receiving? _____

A copy of your public assistance (if applicable) must be presented at your veterinary appointment.

COST/FEES

Female Dogs: \$70.00
Male Dogs: \$60.00
All Cats: \$30.00

If your pet is not up-to-date on vaccines you will be required to purchase them the day of surgery.

Cosmetic procedures such as dew-claw removal, declawing, tail docking, etc. are not allowed to be done at the same time of the spay/neuter surgery.

Instructions

Fill out this form completely.

Send this application along with cashiers check or money order payable to Operation S.A.F.E. to:

**Operation S.A.F.E.
P.O. Box 86
Graymont, IL 61743**

Your voucher, and a list of participating veterinary clinics, will be sent to you approximately one week after we receive your application.

If your application is denied for any reason, your money will be refunded.

All other payments are non refundable.

Questions? Call us at 815/743-5333
Email: operationsafe@hotmail.com

I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading. Furthermore, I release Operation S.A.F.E. and all participating veterinarians from any and all liability. I understand that occasionally care is needed after surgical procedures and that Operation S.A.F.E. is not responsible for these charges. I understand that my animal may come into contact with an infectious one at the veterinary clinic and that if my animal is not fully vaccinated, this puts them at a higher risk.

Your Signature _____

Date _____