



SPAY/NEUTER REQUEST FORM

Thank you for your interest in scheduling an appointment to get your animal spayed or neutered. Please fill out this request form and our shelter staff will contact you. Filling out this form does not guarantee that your animal will get spayed or neutered. Appointments will be made based on grant funding and veterinarian availability. For applications received after June 30, 2019, a \$10 copay will be required at the time of surgery for cats or a \$20 copay for dogs. For applications received by June 30th, a \$10 copay will be required at the time of surgery for both dogs and cats. If your animal does not have a current rabies vaccination, the veterinarian may require the purchase of a rabies vaccination in order to perform the surgery.

If your animal has a current rabies vaccination please bring the rabies certificate with you at the time of the appointment. Some veterinary clinics require a copy of the rabies vaccination as proof that the animal is current on the rabies vaccination.

PLEASE PRINT CLEARLY – YOU MUST BE 18 YEARS OR OLDER

Name		Home Phone ()
Address	City	Zip Code
		Cell Phone ()
Mailing Address (if different)	City	Zip Code
Email Address		

PET #1

Animal's Name	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Pet's Date of Birth/Age
Breed	Color(s)	Approximate Weight (in lbs): 3-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+ <input type="checkbox"/>	
Any known medical issues, allergies or illnesses:			

PET #2

Animal's Name	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Pet's Date of Birth/Age
Breed	Color(s)	Approximate Weight (in lbs): 3-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91+ <input type="checkbox"/>	
Any known medical issues, allergies or illnesses:			

OFFICE USE ONLY

Address verified:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Staff Initials:	Date Received:
Called:	Date:	Time:	Initials:
Called:	Date:	Time:	Initials:
Appointment set up for:	Date:	Time:	Clinic: