

LUCE COUNTY PET PALS, INC
SPAY/NEUTER ASSISTANCE APPLICATION FOR COMPANION DOGS

Luce County Pet Pals, Inc. is a non-profit 501(c)(3) organization. We provide individuals and their families, living in the Luce and West Mackinac County areas; with spay/neuter assistance for their companion dogs. Luce County Pet Pals, Inc. is able to provide this assistance based on funds received from a grant. **DOGS ADOPTED FROM AN ANIMAL SHELTER OR IN FOSTER CARE ARE NOT ELIGIBLE FOR ASSISTANCE UNDER THE TERMS OF THIS GRANT.**

Luce County Pet Pals, Inc. asks that each individual/family pay a portion of the spay/neuter costs for each surgery if possible. Do you feel you can afford to make a co-payment at this time? If so, indicate amount _____. (per dog if more than one)

Please fill out this application **completely.**

Name _____
Mailing Address _____
City _____ State _____ Zip Code _____ County _____
Home phone number _____
Work number _____

Once you are approved, you will receive instructions on who to contact for an appointment. Please do not send any money to us. Present any co-payment you may be making directly to the veterinarian. The payment voucher is for anesthesia, surgery and pain medication only. Other veterinary expenses are not covered i.e.: vaccinations, flea treatment, etc.

Dog #1 Information

Dog's name _____ Age _____ Male _____ Female _____
breed _____ color _____ license # _____
tattoo _____ microchip # _____

Where did you get your dog? _____

How long have you had your dog? _____

ACCURATE weight _____ pounds (Please weigh your dog with household scale or take to the vet to be weighed.)

If female, is the dog currently pregnant? Yes _____ No _____ not sure _____

Vaccination Dates: distemper _____ rabies _____ vet clinic _____

If your dog is not current on its rabies vaccination, it will need one at the time of surgery.

Does your dog have any health problems? _____

PLEASE SIGN AND DATE ON BACK OF APPLICATION

Dog #2 Information

Dog's name _____ Age _____ Male _____ Female _____
breed _____ color _____ license # _____
tattoo _____ microchip # _____

Where did you get your dog? _____

How long have you had your dog? _____

ACCURATE weight _____ pounds (Please weigh your dog with a household scale or take to the vet to be weighed.)

If female, is the dog currently pregnant? Yes _____ No _____ not sure _____

Vaccination dates: distemper _____ rabies _____ vet clinic _____

If your dog is not current on its rabies vaccination, it will need one at the time of surgery.

Does your dog have any health problems? _____

READ THIS BEFORE YOU SIGN: I agree to indemnify, hold harmless and release Luce County Pet Pals, Inc. and all participating veterinarians, employees and volunteers from and against all action claims, damages, disabilities, or expenses, including attorney's fees and witness costs that may be asserted by any person or entity, including myself, arising out of or in connection with the care, treatment, surgery or safe keeping of the animals(s). Further, I understand that it is not possible for you to guarantee that any medical or surgical procedure will be successful and without complication. I hereby affirm that all information in this application is true and correct. I am applying for assistance for my own dogs only. I understand that all information will remain confidential.

Signature: _____ **Date:** _____

**Please mail to: Luce County Pet Pals, Inc
PO Box 345
Newberry, MI 49868
(906) 293-3310
(906) 322-0109**