

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

Luce County Pet Pals, Inc. is a non-profit 501 (c) (3) organization. We provide individuals and their families, living in the Luce County area, with spay/neuter assistance for their cats. Luce County Pet Pals, Inc. is able to provide this assistance based on donations made to a spay/neuter assistance fund.

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 _____.

Can you afford to pay \$10 for each rabies vaccination (one per cat)? Yes ____ No ____
If not, please indicate an amount you would be able to contribute towards each rabies vaccination _____.

TOTAL AMOUNT OF COPAYMENT DUE AT TIME OF APPOINTMENT:
(surgery co-pay plus rabies) = \$ _____

Please fill out this application **completely.** **Please be sure to sign the application.**

Name _____

Address _____

Home phone number _____

Work number _____

Are you employed? Yes ____ No ____

If yes, place of employment _____

Job title _____

Do you work part time or full time? _____

Number of people living in your home ____ adults ____ children under 18 years of age

Once you are approved, you will receive instructions on who to contact for an appointment. Please do not send any money to us. Present the payment voucher directly to the veterinarian. The payment voucher is for surgery, pain medications and e-collar if recommended by the veterinarian.

Cat #1 Information

Cat's name _____ Age _____ Male ____ Female ____

Color _____

If female, is the cat currently pregnant or in heat? Yes ____ No ____ Not Sure ____

Does your cat have a current rabies vaccination? Yes ____ No ____ Not Sure ____

If yes, be prepared to show proof to the vet.

Does your cat have any health problems? _____

PLEASE SIGN AND DATE ON BACK OF APPLICATION

Cat # 2 Information

Cat's Name _____ Age _____ Male _____ Female _____
Color _____

If female, is the cat currently pregnant or in heat? Yes _____ No _____ Not Sure _____

Does your cat have a current rabies vaccination? Yes _____ No _____ Not Sure _____

If yes, be prepared to show proof to the vet.

Does your cat have any health problems? _____

Cat # 3 Information

Cat's name _____ Age _____ Male _____ Female _____
Color _____

If female, is the cat currently pregnant or in heat? Yes _____ No _____ Not Sure _____

Does your cat have a current rabies vaccination? Yes _____ No _____ Not Sure _____

If yes, be prepared to show proof to the vet.

Does your cat have any health problems? _____

REFERENCES

Name: _____ **Phone number:** _____

Name: _____ **Phone number:** _____

Name: _____ **Phone number:** _____

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 certificate(s) for my own cats 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**