



**Low-Cost Spay/Neuter Program
Application / Pet Owner Agreement**

Pet Owner Information

Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Best time to reach you: _____

Pet Information

Dog / Cat (circle one) Name of Current Veterinarian: _____

Pet's Name: _____ Pet's Age: _____

Weight: _____ Male / Female Breed: _____

Colors: _____

Cats Only: (Circle) Short Hair Medium Hair Long Hair

I understand that additional charges from the veterinarian may be added (it is advised that you discuss this with the veterinarian in advance). Proof of Rabies vaccination is required in most veterinary offices. This can be done at the time of surgery, if needed.

I waive any and all claims against SAM COFFEY ANIMAL RESCUE FRIENDS which may result from my pet's surgery. I have read and understand the guidelines section. All my answers are correct to the best of my knowledge.

I can contribute \$ _____ toward my pet's spay/neuter.

Signature _____ Date _____