

Spay & Neuter Voucher Application

Please complete this application if you have an intact male or female dog that needs to be altered, and you have limited financial resources to pay for this on your own. We will review your application and notify you by email if your request for a spay & neuter voucher has been approved. Please note, if approved, \$25 co-pay will be required in order to activate your voucher.

Name: _____ Phone number: _____

Spouse: _____ Phone number: _____

Address: _____ State: _____ Zip: _____

City: _____ Age: _____

Email: _____

Name and ages of people living in household: _____

How did you year about Lovebugs Rescue? _____

Do you live in a House Condo Apartment Mobile Home Other _____

Do you own or rent Own Rent

Do you have a dog door? Yes No

Occupation: _____ Employer: _____ Hours per week: _____

Spouse Occupation: _____ Spouse Employer: _____ Hours per week: _____

Total annual household income: _____

Unaltered Pet 1 Information:

Name: _____ Age: _____ Type/Breed: _____

Sex: _____ Weight: _____ Where did you get your pet? _____

Microchipped: Yes No Current on vaccines: Rabies: Yes No DHP: Yes No

Do you currently have a vet? Yes No Vet contact: _____

Please list any medical conditions your pet has: _____

Please list any behavioral issues your pet may have (shy, bite history, leash reactive): _____

Have you had blood work done on your pet in the last year? Yes No

Does your pet have any known reactions to anesthesia? Yes No

Unaltered Pet 2 Information:

Name: _____ Age: _____ Type/Breed: _____

Sex: _____ Weight: _____ Where did you get your pet? _____

Microchipped: Yes No Current on vaccines: Rabies: Yes No DHP: Yes No

Do you currently have a vet? Yes No Vet contact: _____

Please list any medical conditions your pet has: _____

Please list any behavioral issues your pet may have (shy, bite history, leash reactive): _____

Have you had blood work done on your pet in the last year? Yes No

Does your pet have any known reactions to anesthesia? Yes No

Unaltered Pet 3 Information:

Name: _____ Age: _____ Type/Breed: _____

Sex: _____ Weight: _____ Where did you get your pet? _____

Microchipped: Yes No Current on vaccines: Rabies: Yes No DHP: Yes No

Do you currently have a vet? Yes No Vet contact: _____

Please list any medical conditions your pet has: _____

Please list any behavioral issues your pet may have (shy, bite history, leash reactive): _____

Have you had blood work done on your pet in the last year? Yes No

Does your pet have any known reactions to anesthesia? Yes No

DISCLAIMER, PLEASE READ BEFORE SIGNING:

I am aware that if approved, Lovebugs Rescue uses a third party veterinary for the procedure.

Lovebugs Rescue does not run pre-anesthesia blood work, which may provide information about any unknown health issues my pet may have. I have the option to have the vet run pre-anesthesia blood work that I will pay for.

I understand that there are risks to putting a pet under anesthesia and I will not hold Lovebug Rescue responsible if anything should happen to my pet as a result of the procedure.

I am financially responsible for a \$25 co-pay to Lovebugs Rescue to secure my voucher.

I am financially responsible for any additional vet care that I request such as blood work, vaccines, flea prevention, dental work. This will be solely at my discretion between myself and the veterinarian providing services.

By signing/typing my name in the signature line below, I acknowledge that I have read the disclaimer and agree to these terms and conditions.

Name: _____

Signature: _____ Date: _____