



# Spay and Neuter Assistance Form

This program provides assistance to low-income pet owners. Priority is given to those who are most in need. Recipients will be asked to contribute a \$60 co-pay towards the cost of spay/neuter per animal. **You must send the full co-pay with this completed form for processing and approval before the procedure.**

1. Name of Pet Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include State and Zip)

Best Contact Number(s): \_\_\_\_\_

2. Provide the following information for each pet to be spayed/neutered.

**YOU MUST LIST THE APPROXIMATE WEIGHT OF EACH PET**

Pet's Name	Cat/Dog	Breed & Color	M/F	Age	Weight
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Are your pets current on their rabies shots and yearly vaccinations? ( ) Yes ( ) No.

If no, please place an asterisk (\*) next to the pet's name that is not current:

Please note a rabies shot will be provided at no additional charge if they do not have it.

4. Who is your current veterinarian? \_\_\_\_\_ None:

5. How many people are in your household? \_\_\_\_\_

6. Liability/Waiver Release. Please initial next to each statement indicating you accept and understand terms.

I understand that spay/neuter surgery carries a risk of complications including death(s) to the animal(s). I hear by assume full responsibility and agree to waive any and all claims against The Heart of Louisiana Humane Society and The Winnfield Animal Clinic.		To the fullest extent permissible under applicable law, I agree to hold harmless, indemnify, and release The Heart of Louisiana Humane Society and The Winnfield Animal Clinic, their agents, officers, veterinarians, volunteers, and employees, from any and all loss, injury, liability, damage, or cost I may incur or suffer due directly or indirectly from the spay/neuter surgery and removal and housing of this animal whether caused by HLHS or The Winnfield Animal Clinic.	
<b>I ALSO WILL NOT PROVIDE FOOD/WATER AFTER MIDNIGHT THE DAY BEFORE MY PROCEDURE TO MY ANIMAL(S).</b>		I agree not to disparage or denigrate Winnfield Animal Clinic or HLHS orally or in writing, and that neither I nor anyone acting on my behalf will publish, post, or otherwise release any material in written or electronic format, make speeches, gain interviews, or make public statements that mentioned the companies/organizations, its operations, clients, employees, products, or services without the prior written consent of the companies/organizations.	
I understand the animals may be groggy when released and should be kept in a safe, enclosed area 24 hours after the procedure. I will make every attempt to observe the animal for post-surgical complications including, but not limited to, incision infection and lack of appetite. In case of post-surgical problems, I agree to arrange the appropriate veterinary care at a full service facility at my own expense.		I have read and understand the release statements and waiver of liability and indemnity agreement and I agree to be legally bound by all terms as permitted by applicable law.	
I agree to drop off my animal(s) no later than 8 a.m. on the day of the procedure(s), and retrieve my animal(s) at 2:30 p.m. the same day as the procedure(s). Animals not picked up the day of surgery may be considered abandoned and subject to citation.			

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date

Internal Use Only Below This Line:

Total Co-Pay Amount: \_\_\_\_\_ Paid \_\_\_\_\_ Form: ( ) Cash ( ) Check ( ) 3<sup>rd</sup> Party App  
Y/N

Co-Pay received by: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_  
HLHS Representative