

Spay Day 2020

Upper Peninsula Animal Welfare Shelter

Low Cost Spay and Neuter Application

815 S Hwy. M553
Gwinn, MI 49841
906-475-6661

Date: _____

Name: _____

Address: _____ Zip: _____

Phone: _____

Names of all adults in the household and their relationship to you: _____

Have you previously used any of our low income services?: _____

Yearly household income: _____

Proof of low income includes:

- Medicaid WIC
 Food Stamps SSI Other: _____
 Disability

About Your Pet

Name: _____ Age: _____ Breed(s): _____

Color: _____ Sex: _____

Any known medical history/concerns?: _____

Where did you get this pet?: _____ How long have you had this pet?: _____

Has this pet ever had any litters?: _____ If so, when? _____

Please list other pets in the household and if they are male/female and fixed:

Spay Day fees:

surgery / with vaccines

Dog spay: \$35.00 / \$75.00

Dog neuter: \$32.00 / \$72.00

surgery / with vaccines

Cat spay: \$32.00 / \$72.00

Cat neuter: \$29.00 / \$69.00

surgery

Rabbit spay: \$32.00

Surgery Appointment on _____ at _____.

Drop off at clinic between _____ & _____. Take food away by 10 P.M. the night before

and no food in the morning, water is okay. All dogs must be leashed, all cats and rabbits must be in a carrier.

Office Use Only

Date Approved: _____

Fee Paid: \$_____ CA CH

Date Paid: _____

Supervisor Initials: _____

Waiver/Spay Day USA Low income Spay/Neuter Program Terms & Conditions

- I certify that I am the legal owner of the animal to be altered and the above information is true to the best of my knowledge.
- I understand that if my pet has any other medical conditions found at the time of surgery or any post surgery medications, I am responsible for paying the clinic on that day for any additional charges. I will be responsible for all follow up care as required.
- I understand that I cannot have cosmetic procedures (i.e. declawing, lump removal) done at the time of the spay/neuter surgery.
- I understand that payment for voucher must be paid by cash or charge, no checks please.
- I understand that the UPAWS voucher will cover surgery costs **ONLY**. Pre-surgical bloodwork, any medical conditions found at the time of surgery, or any post surgery medications/foods are at the cost of you, the owner. Each vet clinic has different requirements! Please call and talk to your veterinarian prior to drop off to see if there will be any extra costs to you.
- I understand that this voucher is to be used only by the person that purchased it only and will only be valid for the pet listed on the voucher.
- I understand that my first choice of vet clinic may not be available/honored, and if this is the case, a UPAWS staff member may try other vet clinics.

I understand and agree to the terms and conditions above,

Signature: _____ Date: _____