

Luce County Pet Pals, Inc.

PO Box 525

Newberry, MI 49868

lucepetpals@gmail.com

LUCE COUNTY PET PALS, INC.

SPAY/NEUTER ASSISTANCE APPLICATION FOR DOGS

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 financial assistance to help pay for spay/neuter surgery for their dogs and cats. Luce County Pet Pals, Inc. is able to provide this assistance, based on donations made to a spay/neuter assistance fund.

**This application is intended to help you document your need for financial assistance and help Luce County Pet Pals, Inc. determine the best use of funds. This assistance is intended for those who have a true financial need; others who have found themselves in financial difficulty while caring for/feeding community cats also may qualify.**

**Please fill out this application completely. We are not able to process incomplete applications. Please be sure to sign the application.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed? \_\_\_\_ yes \_\_\_\_ no

If yes, place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you work part time or full time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a veteran of the armed services? \_\_\_\_ yes \_\_\_\_ no

Are you disabled? \_\_\_\_yes \_\_\_\_no

Are you 18 years old or older? \_\_\_\_ yes \_\_\_\_\_ no

Are you a senior citizen aged 65 or older? \_\_\_\_ yes \_\_\_\_ no

Number of people living in your home \_\_\_\_\_\_\_adults \_\_\_\_\_\_\_ children under 18 years of age

Indicate your need for financial assistance (check all that apply):

\_\_\_\_ unemployed \_\_\_\_receiving public assistance \_\_\_\_ low-income

\_\_\_\_experiencing financial difficulty due to unexpected medical expenses or family emergency

\_\_\_\_ change in housing status/eviction

\_\_\_\_ financial difficulty because of providing/caring for stray dogs

\_\_\_\_other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If surgery needs to be scheduled with a veterinarian in another county, are you able to transport your dog? \_\_\_\_ yes \_\_\_\_ no

**Dog #1 Information**

Dog’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_ Color and Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

license # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tattoo (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

microchip # (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you acquire your dog?

\_\_\_\_ rescued \_\_\_\_\_ stray \_\_\_\_ gift \_\_\_\_ purchased

How long have you had your dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accurate weight: \_\_\_\_\_\_\_\_\_\_\_\_ pounds (Please note that your pet’s weight may effect the cost.)

If female, is the dog currently pregnant? \_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure \_\_\_\_\_\_\_\_

Vaccination Dates: distemper \_\_\_\_\_\_\_\_\_\_\_\_\_\_ rabies \_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have any health problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog been evaluated or treated by a veterinarian? \_\_\_\_ yes \_\_\_\_ no

If yes, which veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an account balance with this veterinarian? \_\_\_ yes \_\_\_ no

(Please note that you may be denied service if you have an unpaid balance.)

**Dog #2 Information**

Dog’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_ Color and Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

license # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tattoo (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

microchip # (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you acquire your dog?

\_\_\_\_ rescued \_\_\_\_\_ stray \_\_\_\_ gift \_\_\_\_ purchased

How long have you had your dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accurate weight: \_\_\_\_\_\_\_\_\_\_\_\_ pounds (Please note that your pet’s weight may effect the cost.)

If female, is the dog currently pregnant? \_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not sure \_\_\_\_\_\_\_\_

Vaccination Dates: distemper \_\_\_\_\_\_\_\_\_\_\_\_\_\_ rabies \_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have any health problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog been evaluated or treated by a veterinarian? \_\_\_\_ yes \_\_\_\_ no

If yes, which veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an account balance with this veterinarian? \_\_\_ yes \_\_\_ no

Please note that Luce County Pet Pals, Inc. has limited funds for this project and asks that each individual/family pay a portion of the spay/neuter costs for each surgery (ranging from $125-285 to neuter a male and from $125-300 to spay a female), **if possible**. How much of a copayment can you make at this time? Indicate amount $\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please note that rabies vaccination is required before surgery can be performed. You will need to provide proof of rabies vaccination to the veterinarian at the time of surgery, or be prepared to pay the fee (Approximately $15.00 charge for each rabies vaccination, one per dog). An additional fee may be charged if an initial physical examination is required by the veterinarian.

Total amount of copayment you are able to pay at time of appointment: (surgery co-payment, plus charge for rabies vaccination) Indicate amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_

If this application is approved, you will receive instructions on who to contact for an appointment. Please do not send any money to us. Present any co-payment you may be making directly to the veterinarian. The payment voucher is for anesthesia, surgery and pain medication only. Other veterinary expenses are not covered i.e.: vaccinations, flea treatment, etc.

**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 animal(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 assistance for my own dog(s) only. I understand that all information will remain confidential. I agree to follow aftercare instructions from the veterinarian, including the possible use of an E collar (with the potential extra cost of $8-25).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Steps:**

1. Mail complete application to PO Box 525, Newberry, MI 49868
2. Expect a Pet Pals member to contact you with follow-up questions within two weeks
3. **If approved**, expect contact from the Pet Pals member with next steps
4. You will contact the approved veterinarian for an appointment for surgery
5. You will provide the surgery date to the Pet Pals member, who will send notice of the approved amount to the veterinarian
6. Please respect your appointment date and be prepared to provide your copayment at the time of your appointment
7. Please understand that the veterinarian will bill Pet Pals directly for the remaining approved balance for the procedure
8. Provide appropriate aftercare and celebrate that you’ve helped to reduce the number of unwanted puppies in the community

Revised 09/20/2022