

Fall River Coalition For Animal Awareness Spay/Neuter Application

Date: _____

Name: _____

Address1: _____

Address2: _____

City _____ state _____ zip _____

Phone home _____ Work _____

Email _____

What is the best way to contact you ? Phone Text Email

The following questions are for statistical purposes only.
The information will not be shared with any social service,
government agency, or individual. You do NOT need to be
receiving any assistance to be eligible for our program.

FRCAA does not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all volunteers, subcontractors, vendors, and clients.

◆ Number of household members _____ Monthly total of household income _____

Do you, or anyone in your household receive the following?

SSI SSDI Food Stamps Fuel Assistance

◆ Do you have a regular veterinarian? Yes No

If you answered yes, who is your veterinarian? _____

Pet # 1	Cat	Dog	Does your pet have a current rabies vaccination?	Yes	No
Pets Name _____		Age _____	Sex	Male	Female
Breed _____		Wt. for Canine: _____			
Color _____					
_ <u>Is your animal currently pregnant ?</u> Yes No					

Pet # 2	Cat	Dog	Does your pet have a current rabies vaccination?	Yes	No
Pets Name _____		Age _____	Sex	Male	Female
Breed _____		Wt. for Canine: _____			
Color _____					
_ <u>Is your animal currently pregnant ?</u> Yes No					

505 Bay St. Fall River Ma 02724

Once approved payment must be received in 60 days. After 60 days application is void if payment has not been received. Vet selection form must be attached and signed. All information must be provided.

Please select Vet and procedure by circling on the form below. The Coalition is not responsible for any costs endured beyond the listed prices.

Date: _____					
Service	Pet Partners, 139 Shaw St., Fall River, MA	Vitality, 581 GAR Hwy., Swansea, MA	CAWS, 88 W. Warwick Ave., W. Warwick, RI	What we will Pay	Client will Pay
Cat Neuter	108/40/68	80/40/40	44/22/22		
Cat Spay	144/55/89	110/55/55	60/30/30		
Cat Rabies	8/0/8	7/3.50/3.50	9/9/0		
FIV/LEUK Test	30		30		
Leuk. Vacc	24		16		
Dog Neuter					
0-10	154/77/77	160/80/80	116.25/58.13/58.12		
11-25	180/80/100	160/80/80	116.25/58.13/58.12		
26-50	223/80/143	160/80/80	135/67.50/67.50		
51-75	238/100/138	200/100/100	153.75/76.88/76.87		
76-100	272/100/172	200/100/100	172.5/86.25/86.25		
100+	342/100/242	200/100/100	191.25/95.63/95.62		
Dog Spay					
0-10	214/100/114	200/100/100	127.50/63.75/63.75		
11-25	258/100/158	200/100/100	127.50/63.75/63.75		
26-50	313/100/213	200/100/100	146.25/73.13/73.12		
51-75	328/147.50/180.50	295/147.50/147.50	165/82.50/82.50		
76-100	407/160/247	320/160/160*	183.75/91.88/91.87		
100+	492/160/332	320/160/160	202.50/101.25/101.25		
		*85-100=320/160/160			
Dog Rabies	8/0/8	7/3.50/3.50	9/9/0		
Exam:	40	20	34.5		
Distemper:	15.2	10	12		
HW Test	27.2		30		
HWT4DX	39.2	25			
Lyme	31.2	18	25		
Lepto	15.2		18.75		
Kennel Cough		10	13.5		
Fecal	24	12			
Microchip	35	35	28		
Signature: _____					

If the procedure you need help with is not listed, please message on Facebook or call 401-443-6828 and leave a message. It may take up to 10 days to receive a response to phone messages.