



Spay & Neuter Registration Form

Located at
 879 McLean Rd. Cortland NY 13045
 Office: 607-753-9386
 Email: CCSPCA@cortlandspca.org

Incomplete forms will NOT be processed

Owner Information			
Name:	Primary Phone:	Secondary Phone:	
Email:	Address:		
City:	County:	State:	Zip Code:

Animal Information			
Pet Name:	Age:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Breed(s):	Color(s):	Dog Weight:	
Has your pet ever had a litter?* <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many?			Is your pet in heat? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please note that nursing females will NOT be eligible to be spayed until the litter has been completely weaned.*

Available Services: Please *check* all that you'd like your pet to receive

Additional Cat Services		Additional Dog Services	
<input type="checkbox"/> Rabies Vaccination	\$15	<input type="checkbox"/> Rabies Vaccination	\$15
<input type="checkbox"/> Distemper Vaccination	\$15	<input type="checkbox"/> Distemper Vaccination	\$15
<input type="checkbox"/> Flea/Tick Treatment	\$5	<input type="checkbox"/> Flea/Tick Treatment	\$10
<input type="checkbox"/> Ear Mite Treatment	\$5	<input type="checkbox"/> Ear Mite Treatment	\$5
<input type="checkbox"/> Microchip & Registration	\$15	<input type="checkbox"/> Microchip & Registration	\$15
<input type="checkbox"/> Dewormer	\$20	<input type="checkbox"/> Dewormer	\$20
<input type="checkbox"/> FIV/FelV Testing	\$30	<input type="checkbox"/> Extra Weight (65-90lbs)	\$20

If your female pet is in heat or is currently pregnant, **or** if your male pet is cryptorchid (retained testicle), please be prepared to pay

If Rabies Vaccinations are **NOT** current, it will be administered to your animal at your expense. You may email proof of vaccination records, or bring it on your scheduled clinic date. Distemper Vaccinations are optional, but highly recommended. **Initial Here** _____

Essential Information

The Cortland SPCA reserves the right to cancel appointments or refuse services on an as needed basis. If we are unable to reach you after the third attempt of contacting you, your registration form will be discarded. **Initial Here** _____

We now require a **nonrefundable \$50 deposit** to be made in advance, prior to your scheduled date. This deposit will be deducted from your overall total. You will be able to make your deposit once our Clinic Coordinator contacts you regarding scheduling. **Initial Here** _____

Out of County Clients are scheduled on an availability basis with an additional \$10 charge per visit.

If any fleas and/or ear mites are found during the exam, your animal will automatically be treated at your expense.

Clients **MUST** give at least 72 hours notice for cancellations or to reschedule. **Initial Here** _____

Payment is due in full at the time of pick up. Cash, card and checks are all acceptable forms. **Initial Here** _____

Surgery Fees

Prices are subject to change

Female Dog: \$150	Female Cat: \$90
Male Dog: \$130	Male Cat: \$70

Emergency Contact

In case of an emergency, how may we reach you?

Signature of Applicant:	Date:
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