Cortland Community SPCA

879 McLean Rd. Cortland, NY 13045
Shelter Office: 753-9386   Fax: 753-1362
Incomplete Forms will NOT be processed
Feel free to use back of form to supply additional information

Cortland Community Spay/Neuter Clinic Registration Form

Owner Information

Name:	Cell Phone:

Email:	Home Phone:	Work Phone:

Current Address:

Town:	County:	Zip Code:

Animal Information

Pet Name	Dog Breed:	Dog Male
	Cat: long hair short hair Siamese Manx (no tail)	Cat Female

Age	Color	Dog Weight	How long have you had pet?

How did you acquire your pet?

Has your pet ever had a litter? Yes No If so, how many times?	Is your pet in heat? Yes No

Please explain any medical info we need to know:
_____
__

Rabies Vaccination – Current: yes or no?   Distemper Vaccination – Current: yes or no?

Please explain any behavior info we need to know:

Emergency Contact

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

Things you Need to Know

-The CCSPCA reserves the right to refuse service or reschedule appointments on an as needed basis.

What YOU are responsible for:

-**Payment is to be made in full at the time of animal pickup. No exceptions.** _____ *(initial here)*

-**Clients PLEASE GIVE 72 Hours Notice for cancellation or change of appointment.**

Clinic Fees

Out of County Clients are scheduled on an availability basis with an additional $10.00 charge per family.

$20.00 charge for dogs weighing 65-80 pounds. Maximum weight limit for dogs is 80 pounds.

Extra charge for pregnant females or females that are in heat at the time of surgery.

Rabies and distemper vaccinations are $15.00 each. If Rabies vaccinations are not current, vaccinations will be given and you will be responsible for payment. Distemper vaccinations are optional.

Ivermectin is $5.00 (for ear mites)

Advantage will be given upon request **or** if fleas are found on your animal. $10.00 for dogs or $5.00 for cats.

MALE CAT $50.00	MALE DOG $110.00	**Prices are subject to change without notice.**
FEMALE CAT $80.00	FEMALE DOG $135.00	

Signature of Applicant:	Date: