



# Spay / Neuter Application Form

**Call us for dates and information, 541-797-4023.  
Drop your form off at 412 E. Main, Ste. 4, Sisters  
or email to [info@furryfriendsfoundation.org](mailto:info@furryfriendsfoundation.org)**

**Please print clearly...**

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

How many pets do you own? Dogs? \_\_\_\_\_ Cats? \_\_\_\_\_

Phone number: \_\_\_\_\_ Text OK: (circle one) YES NO

Email address, print clearly: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you purchase this pet from a breeder: (circle one) YES NO

**CAT Name:** \_\_\_\_\_ Fur Length (circle one): short medium long

(circle one) Male or Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_ (estimate ok)

Primary color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

Any known medical condition: \_\_\_\_\_

Vaccinations needed: (circle one) YES NO (We sponsor Rabies, FVRCP & FeLV)

*(If NO, you MUST be able to show proof of Rabies vaccine at the day of surgery.)*

**DOG Name:** \_\_\_\_\_

General Description / Breed: \_\_\_\_\_

Primary color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

(circle one) Male or Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_ (estimate ok)

Any known medical condition: \_\_\_\_\_

Vaccinations needed: (circle one) YES NO (We sponsor Rabies, DAPP, Bordetella & Leptospirosis)

*(If NO, you MUST be able to show proof of Rabies vaccine at the day of surgery.)*

I agree to transport my pet(s) to their spay/neuter surgery appointment. If for any reason I need to cancel that appointment I will do so within 36 hours of the appointment date. If I do NOT cancel the appointment and do NOT show up for the appointment, I will no longer be eligible for any assistance from Furry Friends Foundation (including their pet food bank) until I reimburse Furry Friends Foundation for the surgery cost. I understand that Furry Friends Foundation is not responsible in any way for my pet(s) well being during surgery and I agree to release Furry Friends Foundation from any and all liability. By signing this application, you agree to the above contract, and confirm that all information provided is the truth to the best of your knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**The spay/neuter surgeries are held at the FixBend clinics, 413 NW Hill St. in Bend.**