

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

Please print clearly...

Name:					
How many pets do you own?			ats?		_
Phone number:		_ Text OK: (c	ircle one)	YES	NO
Email address, print clearly:					
Address:					
City:	State:	Z	ip:		
Did you purchase this pet from	a breeder: (circ	ele one) YES	s no		
CAT Name:	Fur	Length (circle	one): short	medium	n long
(circle one) Male or Female Ag	ge:	Weight:		_ (estima	ate ok)
Primary color:	Seco	ndary Color: _			
Any known medical condition: _	· · · · · · · · · · · · · · · · · · ·				
Vaccinations needed: (circle or	ne) YES	NO (We spons	sor Rabies, FV	RCP & FeL\	/)
(If NO, you MUST be able to sh	now proof of Rai	oies vaccine at	the day of	surgery.)	
DOG Name:					
General Description / Breed:					
Primary color:	Seco	ondary Color: _			
(circle one) Male or Female	∖ ge:	_ Weight: _		(esti	mate ok)
Any known medical condition: _					_
Vaccinations needed: (circle or	ne) YES NO	(We sponsor Ra	abies, DAPP, B	ordetella & l	_eptospirosis
(If NO, you MUST be able to sh	ow proof of Rak	oies vaccine at	the day of	surgery.)	
I agree to transport my pet(s) to their spay/neute so within 36 hours of the appointment date. If I d longer be eligible for any assistance from Furry Foundation for the surgery cost. I understand that during surgery and I agree to release Furry Friend above contract, and confirm that all information	lo NOT cancel the appring the second control of the second control	cointment and do NO cluding their pet food ation is not respons by and all liability. By	OT show up for d bank) until I re ible in any way signing this ap	the appointneimburse Fur for my pet(s)	nent, I will no ry Friends) well being
Print Name			Date		
Signature					