

APPLY TO:
Sands Memorial
Foundation, Inc.
P.O. Box 1450
Havre, MT 59501
(406) 265-4271

**SPAY/NEUTER
PROGRAM**
**APPLICATION, CONSENT,
& WAIVER FORM**

NAME _____ PHONE _____

ADDRESS _____ CITY, ZIP _____

WHERE EMPLOYED _____ WORK PHONE _____

MONTHLY INCOME _____ OTHER HOUSEHOLD INCOME _____

NUMBER OF PEOPLE SUPPORTED ON INCOME _____

HOW MANY DOGS _____ CATS _____ OTHER PETS _____ IN THE HOME?

ARE YOU CURRENTLY RECEIVING PUBLIC ASSISTANCE? YES _____ NO _____ EXPLAIN ANY
OTHER REASONS WHY YOU BELIEVE YOU QUALIFY FOR ASSISTANCE FROM SANDS: (use
another piece of paper if more space needed) _____

INCOMPLETE APPLICATIONS CANNOT BE APPROVED

CHECK PROCEDURE(S) REQUESTED: (Place number in space if more than one)

Male dog neuter _____ \$71 Female dog spay _____ \$84
Male cat neuter _____ \$43 Female cat spay _____ \$64

NAME OF ANIMAL _____ BREED _____

AGE _____ COLOR _____ (Use additional paper for more space)

I request the Foundation to provide financial assistance for surgically sterilizing my dog/cat. I agree to abide by the requirements for this assistance and any requirements made by the veterinarian who performs the surgery.

I waive any and all claims for damages against the Foundation, the veterinarian performing the surgery and all officers and employees in the event of injury or death of my animal.

I hereby declare under penalty of perjury that I am the owner of (or I am authorized to present for this operation) this animal. I swear all the above information is true to the best of my knowledge and that I cannot afford to pay the usual veterinary fees without assistance.

SIGNATURE: _____ DATE SIGNED: _____
(Owner of pet or authorized person)

This portion to be filled out by the veterinarian and returned by veterinarian to the Sands Foundation for payment of assistance amount after completion of surgery.

PROCEDURE(S) _____ DATE _____ OWNER'S NAME _____

VETERINARIAN'S SIGNATURE _____

APPROVAL SIGNATURE _____ DATE _____
(Representative for Sands Foundation)

SPAY/NEUTER ASSISTANCE INFORMATION SHEET

Thank you for getting your dog or cat spayed or neutered!
You are being a responsible pet owner and that helps you, the animals, and the community in many ways.

This program is open to anyone who cannot afford to have her/his cat or dog spayed or neutered and who meets the Foundation's qualifications for assistance. The Spay/Neuter Program will provide a portion of the cost of the surgery. The remaining amount will be paid to the veterinarian by the applicant.

Applications are available from your veterinarian's office. The application must be filled out completely and a brief interview may be conducted. You will be notified quickly of the Foundation's decision. There may be some restrictions or waiting periods required by the veterinarian, such as if the animal is in heat or has been nursing a litter, so be sure to check with the veterinarian about this.

The Sands Foundation Spay/Neuter Program will pay the following amounts for sterilization:

Male dogs \$71.00	Female dogs \$84.00
Male cats \$43.00	Female cats \$64.00

THE PET OWNER MUST PAY ALL REMAINING VETERINARY CHARGES.

TO APPLY: Prior to surgery, fill out and sign the Application, Consent and Waiver Form. Follow your veterinarian's instructions for mailing the application to the Sands Memorial Foundation. (All information will be kept confidential). **INCOMPLETE APPLICATIONS CANNOT BE APPROVED.** Approval is sent to the veterinarian following review by the Sands Foundation. After the surgery, payment of the approved amount is sent to the veterinarian.

If you have questions that cannot be answered by your veterinarian, please feel free to contact our office. We can assist with questions about filling out the forms, as well. Thank you, again, for being a responsible pet owner.

MORE NEUTERED PETS MEANS FEWER HOMELESS ANIMALS!

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