

Cortland Community SPCA

879 McLean Rd. Cortland, NY 13045

Shelter Office: 753-9386 – Clinic Coordinator: 344-0014

*Incomplete Applications will not be processed - Feel free to use back of form to supply additional information*

**Cortland Community Spay/Neuter Clinic Standard Application Form**

**Applicant Information**

Name:		Cell Phone:	
Email:	Home Phone:	Work Phone:	
Current Address:			
Town:	County:	Postal Code:	

**Animal Information**

Name	Breed	Dog	Cat
		Male	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?
			Is your pet in heat?
			Yes
			No
Do you have other unaltered animals? Yes No Is so, please explain:			

Name of Vet	Last seen	Date of Rabies Vac		<b>Proof</b>
		Date of Parvo/distemper		
		Other		

Please explain any medical info we need to know:

Please explain any behavior info we need to know:

**Emergency Contact**

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

**Financial Information**

**Gross Monthly** Household Income (before taxes) \_\_\_\_\_ # of adults in home \_\_\_\_\_ # of children in home \_\_\_\_\_

Do you qualify for public assistance in any way? Yes No If yes, please circle all that apply:

SS Disability Medicare Medicaid HEAP Foodstamps WIC Other

**Things you Need to Know**

- The CCSPCA reserves the right to refuse service or reschedule appointments on an as needed basis.
  - Further financial assistance may be available for those that qualify. Further financial documentation is needed to consider a client for our deeper discount, **please inquire before you make your appointment** if interested.
- What YOU are responsible for:**
- Bringing animal and picking animal up ON TIME (we will give you a specific appointment time for both)**
  - Provide proof of rabies and distemper/parvo vaccinations. IF PROOF IS NOT PROVIDED YOU WILL BE RESPONSIBLE TO PAY CLINIC FOR VACCINES AT \$10.00 EACH.**
  - Payment is to be made in full at time animal is being picked up. No exceptions.**
  - Clients PLEASE GIVE 72 Hour Notice for cancellation of change of appointment.**

**Clinic Fees**

Out of County Clients are scheduled on an As Need basis with an additional \$25.00 charge

There is an extra \$10.00 charge for any dogs weighing over 65 pounds.

There is an extra \$15.00 charge for pregnant females or females that are in heat at time of surgery.

Rabies and distemper/parvo vaccinations given are \$10.00 each. Ivermectin is \$8.00

MALE CAT \$45.00	MALE DOG \$80.00	<b>Prices are subject to change without notice.</b>
FEMALE CAT \$60.00	FEMALE DOG \$95.00	

Signature of Applicant:	Date:
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