

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 ABC 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 Male	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?
			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		Proof
		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 \$7.00 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.

All vaccination given are \$7.00 each.

MALE CAT \$45.00	MALE DOG \$80.00	Prices are subject to change without notice.
FEMALE CAT \$60.00	FEMALE DOG \$90.00	

Signature of Applicant:	Date:
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