



**Spay/Neuter Request and Release Form**  
**Application only. This is NOT a voucher.**

**You must return this completed form with payment to receive voucher(s).**

Name of Authorized Guardian/Agent for Animal(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ **I want my voucher(s) sent by email (must be able to print) \_\_\_\_\_ or postal mail \_\_\_\_\_ (select one)**

**Animal(s) Information**

Animal Name	Dog, Cat, Or Feral Cat	Breed	Color	Age	Sex	Vaccines Needed (Y or N)? * <small>Includes Rabies and/or Distemper</small>	Health Problems or Concerns:	For SFA Use Completed Surgery Date	For SFA Use Clinic Used

**\*Current Rabies vaccination records must be provided at time of surgery or vaccine will be administered by veterinarian and you will be responsible for the cost. A Rabies tag is NOT proof. A Rabies vaccination is required by law.\***

**Spay/Neuter Program Selection**

Select spay/neuter program(s). Write the number of animals next to all that apply. Total cost due.

- Government Assistance Program (Dogs Only):** GA Proof Required **\$35 x \_\_\_\_ + Vaccines \$10 x \_\_\_\_ = Total Due? \$ \_\_\_\_** **Total Payment Due for Voucher(s)**
- Fix-a-Pitbull Program (Pit Bulls and Pit Bull Mixes):** **\$35 x \_\_\_\_ + Vaccines \$10 x \_\_\_\_ = Total Due? \$ \_\_\_\_**
- Fix-a-Feline Program:** **\$35 x \_\_\_\_ + Vaccines \$10 x \_\_\_\_ = Total Due? \$ \_\_\_\_**
- Feral Cat Program: (in humane trap)** **\$25 x \_\_\_\_ + Vaccines Included = Total Due? \$ \_\_\_\_ \$ \_\_\_\_**

**CAREFULLY READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING.**

I, acting as guardian/agent for the animal(s) named above, hereby request and authorize SFA, through their partner veterinarians, to perform an operation for the sexual sterilization of the animal(s) described above. I understand that any operation presents some hazards, including injury and in rare cases, death. I also understand that some factors increase surgical risk, including but not limited to pregnancy, older animals and diseases such as FIV, Feline Leukemia and heartworms.

I certify my animal(s) has had a rabies vaccination within one year prior to this date of surgery (records must be presented to veterinary office on day of surgery), or I agree to allow vaccinations at the time of surgery. I understand that vaccinations may cause adverse reactions in some animals. I understand that it takes up to two weeks for vaccinations to protect my animal.

**I certify my animal(s) is in good health and will follow the vet instructions for pre- and post-surgery information. I will verify when to withhold food on the night before surgery. Feral cats must arrive at the clinic in a humane trap.** I understand that the vet will not do a complete health examination prior to surgery but has the right to refuse service to any animal to whom surgery is deemed a health risk.

I hereby release SFA and the veterinary offices from any and all claims arising out of or connected with the performance of this operation or procedure.

**I understand that I must notify the veterinarian within 24 hours of my scheduled appointment if I need to reschedule or I may be charged. I will pick up my animal(s) at the scheduled pick-up date/time or I may be charged boarding fees or my animal(s) can be considered abandoned. I will also follow all post-operative instructions as written by the veterinary office.**

Signature of Authorized Guardian/Agent of Animal(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed R&R form & GA proof with full payment (check or money order) to:**

**Speak for Animals  
 PO Box 24185  
 Greenville, SC 29616**

**Questions?** Call 864-421-0022, or email [news@SpeakforAnimals.com](mailto:news@SpeakforAnimals.com)

Upon receipt of completed R&R form, government assistance proof, if applicable, and full payment, a spay/neuter voucher will be sent to you. Allow 7 days to receive your voucher. You are then responsible for contacting one of our participating veterinarians and scheduling your appointment. Spay/neuter voucher must accompany your animal(s) to its appointment. This voucher is transferrable but not refundable.

For SFA Use Only	
Date R&R Sent to S/N Coordinator: _____ Voucher(s) Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Payment Received: \$ _____
Voucher(s) Sent By: _____	<input type="checkbox"/> Check #: _____
Method Sent By: _____ <input type="checkbox"/> Recorded in Log	<input type="checkbox"/> Money Order #: _____
Number of Vouchers Sent: _____ Date Voucher(s) Sent: _____	<input type="checkbox"/> PayPal Invoice #: _____

# You Can Help Save Lives!

**Please consider a donation to help provide care to needy dogs and cats in our community.**

Speak for Animals, a 501 (c) 3 nonprofit based in Greenville, SC, has helped thousands of animals and the people who love them since 2003. Please consider helping a local family in need, and provide a spay or neuter for their animal, by making a **tax-deductible donation**. Doing so will help save 1000's of unwanted animals from being born. Simply complete the section below and include check or money order for your tax-deductible donation.

YES! I would like to donate the following to help another animal in need.

\_\_\_\_\_ \$ 50.00

\_\_\_\_\_ \$ 25.00

\_\_\_\_\_ \$ Other

Make a donation in memory or honor of someone.

Please Circle One:    In Memory    In Honor

Name of person/animal in honor or memory of: \_\_\_\_\_

Who to send acknowledgement to: \_\_\_\_\_

Acknowledgment mailing address: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_