



SPEAK FOR ANIMALS
SPAY/NEUTER
REQUEST AND RELEASE FORM

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

Address: _____ City: _____ State: ___ County: _____ Zip: _____

Primary Phone#: _____ Email: _____

How did you hear about us? _____ Receive Voucher via ___ Email (included above) OR ___ Postal Mail (check one)

Table with 8 columns: Animal Name, Dog / Cat / Feral Cat, Breed, Color, Age, Sex, Vaccines Needed (Y or N)? Includes Rabies and/or Distemper, Health Problems / Concerns.

SELECT SPAY/NEUTER PROGRAM(S). WRITE THE NUMBER OF ANIMALS NEXT TO ALL THAT APPLY:

- 1. FIX-A-PIT BULL PROGRAM: \$25 ___ + VACCINES \$10 ___ = TOTAL DUE? \$ ___
2. FIX-A-FELINE PROGRAM: \$25 ___ + VACCINES \$10 ___ = TOTAL DUE? \$ ___
3. GOVERNMENT ASSISTANCE PROGRAM: \$25 ___ + VACCINES \$10 ___ = TOTAL DUE? \$ ___ (GA PROOF REQUIRED!)
4. FERAL CAT PROGRAM: (IN HUMANE TRAP) \$10 ___ VACCINES INCLUDED = TOTAL DUE? \$ ___

* CURRENT RABIES VACCINATION RECORDS MUST BE PROVIDED TO VETERINARIAN 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.

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 whomever veterinarians and assistants used in their program, to perform an operation for the sexual sterilization of the animal described above.

I certify my animal(s) has had a rabies vaccination within one year prior to this date (records must be presented prior to animal receiving surgery), or I agree to recommended vaccinations at the time of surgery.

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 hereby release SFA, the veterinarians, assistants, and all of its/their officers, directors, employees, and members of staff 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 will be charged boarding fees, and my animal(s) can be considered abandoned.

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

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 listed and scheduling your appointment.

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 non profit 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 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 a needy family have their animal spayed/neutered or vaccinated.

_____ \$70.00 Spay/Neuter for 1 needy dog or cat and save 1000's of future unwanted animals.

_____ \$20.00 Provide vaccinations, food and other necessities for a needy dog or cat.

_____ \$ Other Special purchase donation; make a donation as a memorial or gift.

Name of Memorial or Gift Recipient: _____

Mailing Address of Above: _____

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____