

Fayetteville Animal Shelter Clinic
1640 Armstrong Av.
Fayetteville, AR 72701
479-444-3456

Application for Low Cost Spay/Neuter Program.

Date: _____

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work #: _____

Driver's License #: _____ State: _____ Date of Birth: _____

How many people are in your household? Adult: _____ Children: _____

Tell us about your animal(s)...

Name: _____

Species: Dog Cat Sex: Male Female Age: _____

Breed(s): _____ Color: _____

Has the animal been vaccinated in the past 12 months? _____ Date: _____

Who is your Veterinarian? _____

You will need to submit a copy of your driver's license and proof of income (check stub, bank statement, benefits statement, etc.) with your application. **There is \$25 flat fee for the spay/neuter program.** The program fee covers the surgery, microchip and rabies vaccination as well as an optional, FVRCP, parvo/distemper and/or bordetella booster. Microchips are **not** optional. **All cats must be brought in and pick up in a carrier for surgery.** **If your pet is in need of grooming for health reasons, you WILL be charged for this service.** **Animals with live fleas/ticks will be treated for an additional cost of \$5 per animal.**

I swear/affirm that these answers are true and correct to the best of my knowledge.

Signature _____ Date _____

For office use

Approved: Yes No By: _____ Date: _____

List additional pets needing surgery below.....

Name: _____ UID: _____

Species: Dog Cat Sex: Male Female Age: _____

Breed(s) _____ Color: _____

Has the animal been vaccinated in the past 12 months? _____ Date: _____

Who is your Veterinarian? _____

Name: _____ UID: _____

Species: Dog Cat Sex: Male Female Age: _____

Breed(s): _____ Color: _____

Has the animal been vaccinated in the past 12 months? _____ Date: _____

Who is your Veterinarian? _____

Name: _____ UID: _____

Species: Dog Cat Sex: Male Female Age: _____

Breed(s): _____ Color: _____

Has the animal been vaccinated in the past 12 months? _____ Date: _____

Who is your Veterinarian? _____