



## 2024 Low Income Spay/Neuter Application (one application per pet)

Please print legibly and answer every question. All questions must be processed before application can be processed. **INCOMPLETE FORMS WILL RESULT IN DELAYED PROCESSING AND MAY BE RETURNED.**

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

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

County: (circle one) Floyd  Johnson  Magoffin  Martin

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Driver's License: \_\_\_\_\_

**\*\*Please provide a valid phone number, so we can contact you regarding your application\*\***

1. This application is for a DOG CAT (circle one)
2. **Name of pet:** \_\_\_\_\_ **Age:** \_\_\_\_\_ years \_\_\_\_\_ months
3. **Weight:** \_\_\_\_\_ pounds
4. **Sex:** Male Female (circle one)
5. If female, how many litters has pet had? \_\_\_\_\_
6. Describe your pet (color, breed, etc.):

\_\_\_\_\_  
\_\_\_\_\_

7. List any health concerns, if no concerns write

NONE: \_\_\_\_\_

8. How did you get your pet? Check one

\_\_\_\_\_ breeder (name) \_\_\_\_\_

\_\_\_\_\_ found as stray \_\_\_\_\_

\_\_\_\_\_ Shelter/Rescue (name) \_\_\_\_\_

\_\_\_\_\_ other (explain): \_\_\_\_\_

9. Do you plan to keep the pet in the family after surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain \_\_\_\_\_

10. Total annual household income: (proof may be required prior to approval)

\_\_\_\_\_

Assistance received: (circle all that apply)

Food stamps Medicaid Social Security SSI SSD Pension Unemployment

CO-PAY IS REQUIRED – Check or money order only – NO cash accepted

\_\_\_\_\_ \$30.00 Household income up to \$15,000

\_\_\_\_\_ \$35.00 Household income up to \$15,001 to \$30,000

\_\_\_\_\_ Additional donation \$ \_\_\_\_\_ (pay it forward)

***(AAEKY will limit procedures to two per household within a 3-year time frame.)***

Pet Photo: If you would like to share your pet's photo, please send to [aaeky17@gmail.com](mailto:aaeky17@gmail.com).  
I authorize AAEKY the right to use my PETS' photo on AAEKY's Facebook page and other social media outlets.  YES, I would love to provide a photo of my PET. (check Yes to authorize and email photo)

### **LIABILITY CLAUSE**

I, the undersigned owner, or owner's agent, of the pet (animal) identified above, certify that I am over eighteen years of age, and hereby authorize & consent for the hospitalization, examination, medication, treatment, anesthesia, and spay/neuter surgery of the dog or cat by staff veterinarian(s) at the clinic. You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that some risks always exist but is not limited to all medications, vaccines, anesthesia and/or surgery including unknown physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections. I agree to hold said veterinary clinic, its owners, and all employees harmless and free of any liability whatsoever in connection with these procedures risks in the absence of negligence. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contact at the below listed phone number, you are directed to make the decision you deem best for my pet.

I understand that the basic low-cost spay/neuter procedure is primarily intended for those with very limited financial sources and that the basic fee includes general anesthesia (injectable only), surgical prepping, surgical procedure itself, pain control during the procedure itself only, and the suture removal required in 10 days. I also agree to hold AAEKY's board of directors harmless and free of any liability whatsoever in connection with the said procedure for pet's surgery.

If approved, the name on the application will be reflected on the voucher and the application/voucher is non-transferable without expressed permission of AAEKY. If application is not approved, check will be returned by mail. Please print, completely fill in and mail to AAEKY at address above.

By signing, dating and submitting the application form to AAEKY, you are agreeing to accept the liability clause. Application must be sent by mail with required co-pay enclosed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail signed and completed application form and co-pay to:

Animal Alliance of East Kentucky

PO Box 324

Paintsville KY 41240

## PLEASE KEEP THIS INFO FOR YOUR REFERENCE

### INFORMATION WHICH IS PERTINENT TO SURGICALPROCESS

#### CANCELLATIONS

If you are not able to keep your appointment, please contact your veterinarian. ASAP.

A 24-hour notice is requested.

#### NIGHT BEFORE SURGERY

If the animal normally stays outdoors overnight, please consider bringing it indoors the evening before surgery. **NO food or water after midnight the night before surgery. NO food or water the day of the surgery.** This ensures that the animal's stomach is empty by the time he's put under general anesthesia. This lessens the chances that the animal will vomit and aspirate the vomit into his lungs. If your pet has eaten on the morning of surgery, surgery will be refused.

#### CHECK-IN TIME

- 1) It is very important that you arrive on time for your scheduled appointment
- 2) Plan to be at the veterinarian's office 30 minutes before scheduled appointment.
- 3) When you arrive please leave your pet in the car and come inside first to complete the required paperwork, bring your pet in when completed.

Please note that in the rare event of unforeseen circumstances or emergencies at the clinic there may be a longer wait at check-in or your pet's surgery may need to be rescheduled.

#### PRE-SURGERY EXAM

- 1) The veterinarian will perform a pre-operative physical examination to make sure that your pet is a good candidate for surgery.
- 2) If your pet is too unruly to handle, a physical exam will be performed under anesthesia.
- 3) Feral cats may receive their physical exams under anesthesia.
- 4) If your pet shows signs of illness or if there are any concerns (such as age, a heart murmur, severe upper respiratory infection, obesity, food in stomach) we may refuse surgery if we feel surgery is a health risk.

## **CATS - WHAT TO BRING TO YOUR APPOINTMENT**

1) Cats must be in a **clean pet carrier commercially manufactured** for the purpose of transporting felines with a secured door. Vets DO NOT ACCEPT animals in cardboard boxes, plastic totes, laundry baskets, or other non-standard or homemade devices.

2) Your pet needs to be able to lie down comfortably in the carrier after surgery. Your pet may be agitated or aggressive when they go home due to the after-effects of anesthesia. Cats that routinely get along well may not be tolerant of each other in the immediate post-operative period. Keeping your cat comfortable by itself might be a consideration.

3) If your pet has current vaccination records please bring them. If your pet has a current rabies vaccine, we need to see proof (actual rabies certificate).

## **DOGS - WHAT TO BRING TO YOUR APPOINTMENT**

1) Dogs must be under control on a leash or in a clean pet carrier.

2) If your dog is not good-natured around other dogs, cats or people a muzzle is required.

3) Please take your dog for walk before you arrive as he/she will be in a kennel all day.

4) If your pet has current vaccination records please bring them. If your pet has a current rabies vaccine, we need to see proof (actual rabies certificate).

## **FUTURE CARE FOR YOUR PET**

AAEKY appreciates your taking the time to get your animal spayed/neutered and congratulates you for joining the mission of reducing pet overpopulation. For your animal's continued health and welfare, AAEKY encourages to continue health and wellness visits with the veterinarian who spayed/neutered your pet. Future care appointments will need to be made by you and will be at your own expense.