



**HIGHLAND
VETERINARY
CLINIC**

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: _____

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

_____ \$25.00 Household income up to \$15,000

_____ \$30.00 Household income up to \$15,001 to \$30,000

_____ Additional donation \$ _____

(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.
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