

Low Cost Spay / Neuter Program



Second Chance Companions (SCC) offers low cost Spay/Neuter for those who cannot or may not otherwise afford to have their pets or strays spayed or neutered.

Applicant's truthfulness is vital to this program. When the pet owners need is great, SCC may pay a partner veterinarian all or some of the cost on behalf of the pet owner. The donations used to make this payment are obtained by the constant hard work of our non-paid volunteers. Please return our generosity to you and your pets by volunteering or by donating money when your financial situation changes.

Form 1

Dog or Cat	Animal's Name	Sex M/F	Age (yrs or mths)	Breed	Color	Dog's Weight
1) _____	_____	_____	_____	_____	_____	_____
Health Issues (i.e. in heat, fleas) _____						
Behavior Issues (i.e. bites, feral) _____						

Form 2

Dog or Cat	Animal's Name	Sex M/F	Age (yrs or mths)	Breed	Color	Dog's Weight
2) _____	_____	_____	_____	_____	_____	_____
Health Issues (i.e. in heat, fleas) _____						
Behavior Issues (i.e. bites, feral) _____						

Low Cost Pricing Information– If these prices are a financial burden, please call us at (360) 687-4569

Prices	Number of Animals	Total \$ Amount
\$30 for each male cat		
\$40 for each female cat		
\$50 for each male dog		
\$60 for each female dog		
Total Amount		

PayPal ref # _____
 Check # _____
 Money Order
 DO NOT SEND CASH!!!
 Please make all checks out to SCC.
Please note that appointments cannot be made until payment is received.

Personal Information

Owners Name: _____ Email Address: _____
 Address: _____ City/State/ Zip _____
 Daytime Phone: _____ Evening/Cell/Msg: _____

* Days of the Week most convenient for you: M T W Th F Any

* All appointments for spays and neuters are made by and at the discretion of SCC. Appointments are made based on the Veterinarian's availability, as well as yours. Your patience is appreciated.

Statement of Responsibility

The undersigned applicant personally guarantees that he/she is the legal owner/guardian of the animal to be altered, that he/she qualifies for this program and that the above information is true to the best of his/her knowledge. In addition, applicant further agrees to indemnify SCC, its members and/or volunteers, the Veterinarian service provider, and any other affiliates against any and all damages, losses or expenses resulting from the services, treatments or other products provided and/or resulting from any portion of this agreement.

Signature: _____ Date: _____

Please return to: **Second Chance Companions, PO Box 2343, Battle Ground, WA 98604**