

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 spayed or neutered. It is important that an applicant is truthful about their ability to pay - if you are low income you qualify, but if you are not low income please explain why you feel it necessary to ask for inclusion in this program. If you are having a financial hardship temporarily, we would rather help you get your pets spayed/neutered than to see them not get done. The reason for limiting the number of applications that we can process has to do with the fact that the partner veterinarians only give us a limited number of slots at a discounted rate per week, not because we don't want to help everyone!

Please list additional animals on the back of this form with the same information as below on each animal.

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) _____						

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

Prices	Number of Animals	Total \$ Amount
\$40 for each male cat		
\$50 for each female cat		
\$70 for each male dog		
\$80 for each female dog		
Total Amount		

PayPal transaction # _____ 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.**

All spay and neuter appointments are made by and at the discretion of SCC. Appointments are based on Veterinarian's availability. A 48 hr appointment cancellation notice is required, or you may forfeit your s/n fee. It can take up to 3 months to be scheduled. Your patience is appreciated.

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

I receive: (check one & attach copy of proof) TANF _____ Food Stamps _____ SSI/SSD _____ State Medicaid _____
 Considered low-income - However, I don't have proof of low income but am financially unable to pay the amount needed to S/N my pet and I am asking for assistance at this time _____

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**

S/N App 2/18/20