

Application for Spay/Neuter Program

Name: _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Pet Breed: _____ Pet Name: _____ Age: _____

Proof of Animal Registration _____ Yes _____ No

Circle One: Dog Cat Circle One: Pet Stray

By signing below I agree that I reside within the City of Marshall city limits, by proof of my utility bill. I also agree to pay the reduced fee discussed with my veterinarian to the Animal Care Clinic or Farm & Family Veterinary Clinic or Albright Veterinary Services.

Signature: _____

Approved Yes No Print Out Attached

Date _____ Initials _____

Check with your veterinarian regarding their reduced charge.