**SPAY/NEUTER PROGRAM APPLICATION**

Animal owner’s name (must be 18yrs. old or over) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (REQUIRED; you will be contacted via email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_home/work

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Animal’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_

Color(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ years\_\_\_\_\_\_ months

Does your pet have any medical conditions/allergies (current or past)? \_\_\_\_\_\_\_ yes\_\_\_\_\_\_\_ no

If yes, please explain:

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

Has your pet ever suffered a reaction to vaccinations or medications? \_\_\_\_\_\_\_\_ yes\_\_\_\_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet already have a microchip? \_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_no

I give my permission to C.A.S.A. and San Clemente Vet Hospital to vaccinate and microchip my pet as necessary.

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Along with this completed application form, animal owners must submit the following:

-W2 (or equivalent tax documents) for adults in the household, proof of enrollment in State or Federal assistance programs (Food Stamps, CalWorks, WIC or Social Security), or proof of Active Duty Military Service.

-A copy of a state or federal-issued I.D. or driver’s license.

-A copy of a utility bill issued in the past 45 days.

-Proof of the animal’s current vaccinations.

-Dogs must be currently licensed with the Coastal Animal Services Authority (C.A.S.A.).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that any and all information provided to C.A.S.A. is true and correct. I release C.A.S.A., Pet Project Foundation and San Clemente Veterinary Hospital from any and all liability or claims due to the loss or injury of my pet.

I am the owner of the pet receiving treatment, or am acting as an agent for the owner and will accept full responsibility. I understand that my pet will be undergoing general anesthesia and have been advised as to the nature of the procedure and the potential risks associated.

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

Signature Date

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**FOR OFFICE USE ONLY APPOINTMENT INFORMATION!**

Application submitted on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Surgery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Needs microchip: Y N

Reviewed by: \_\_\_\_\_\_\_\_ (initials) Animal Owner contacted: Y N

Application complete: Y N on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

W2 (or equivalent documents), I.D., and Vaccination/Licensing Costs: $\_\_\_\_\_\_\_\_

utility bill included: Y N Total: $\_\_\_\_\_\_\_\_\_\_\_ Paid: Y N