



Request and Release Form for Spay/Neuter Vouchers

This is NOT a voucher. You must return this completed form with payment to receive spay/neuter voucher(s).

Please note: the fastest way to purchase vouchers is online at www.speakforanimals.com

Name of Authorized Guardian/Agent for Animal(s): _____

Address: _____ City: _____ State: _____

County: _____ Zip: _____ Phone: _____

Email: _____ How did you hear about us? _____

How should we send your vouchers to you? **Please select one.** Email (must be able to print) Postal Mail (allow 7-10 business days to receive your voucher)

Animal Name	Species (Dog, Cat, or Feral Cat)	Breed	Color	Age	Sex	Vaccines Needed? (Yes or No)	Health Problems or Concerns:

**Rabies & distemper (for dogs)/FVRCP (for cats). Rabies vaccination record must be provided at time of surgery, or vet will administer one at cost to you. A rabies tag is NOT sufficient proof. Current rabies vaccine required by law.*

Spay/Neuter Program Selection

Select spay/neuter program(s). Write the number of animals next to all that apply. Total cost due.

If needed, vaccines are + \$10 total per animal – not \$10 per vaccine.

For example, a Fix-a-Pit voucher with vaccines would be \$70.00

- | | | |
|---|---|--|
| <input type="checkbox"/> Fix-a-Pit Program (Pit Bull & Pit Bull mixes) | \$60 x _____ + Vaccines \$10 x _____ = Total Due? \$ _____ | Total Payment Due
for Voucher(s)
\$ _____ |
| <input type="checkbox"/> Fix-a-Feline Program (Socialized cats) | \$45 x _____ + Vaccines \$10 x _____ = Total Due? \$ _____ | |
| <input type="checkbox"/> Feral Cat Program (Must be in a feral cat trap) | \$25 x _____ + Includes Vaccinations = Total Due? \$ _____ | |

CAREFULLY READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING.

I, acting as guardian/agent for the animal(s) named above, hereby request and authorize SFA, through their partner veterinarians, to perform an operation for the sexual sterilization of the animal(s) described above. I understand that any operation presents some hazards, including injury and in rare cases, death. I also understand that some factors increase surgical risk, including but not limited to pregnancy, older animals, and diseases such as FIV, Feline Leukemia and heartworms.

I certify my animal(s) has had a rabies vaccination within one year prior to this date of surgery (records must be presented to veterinary office on day of surgery), or I agree to allow vaccinations at the time of surgery. I understand that vaccinations may cause adverse reactions in some animals. I understand that it takes up to two weeks for vaccinations to protect my animal.

I certify my animal(s) is in good health and that I will follow the pre- and post-surgery instructions as provided by the veterinary clinic. I will verify when to withhold food on the night before surgery. For the safety of both the cat and clinic staff, all feral cats must be in a humane trap or service will not be provided. I understand that the vet will not do a complete health examination prior to surgery but has the right to refuse service to any animal to whom surgery is deemed a health risk.

I hereby release SFA and the veterinary offices from any and all claims arising out of or connected with the performance of this operation or procedure.

I understand that I must notify the veterinarian within 24 hours of my scheduled appointment if I need to reschedule, or I may be charged. I will pick up my animal(s) at the scheduled pick-up date/time or I may be charged boarding fees, or my animal(s) can be considered abandoned. I understand vouchers are transferable, but not refundable. Exceptions are at the discretion of Speak for Animals.

Signature of Authorized Guardian/Agent of Animal(s): _____ Date: _____

Mail this completed Request and Release form with payment (check or money order) to:

Speak for Animals
PO Box 24185
Greenville, SC 29616

Questions? Call 864-421-0022

Once we receive your completed request and release form and payment, we'll send your spay/neuter voucher(s). Once you receive your voucher(s), you will then contact one of our partner veterinarians listed on the voucher directly to schedule an appointment(s). You must bring the spay/neuter voucher with you when you take your animal to their appointment, or you will be charged full price for services rendered.

For SFA Use Only

Vouchers sent to client? <input type="checkbox"/> Yes <input type="checkbox"/> No Date vouchers sent to client _____	Total Payment Received \$ _____
Vouchers sent via <input type="checkbox"/> Mail <input type="checkbox"/> Email SFA volunteer who sent vouchers to client _____	<input type="checkbox"/> Check No. _____
<input type="checkbox"/> R&R sent to SFA volunteer to record Date R&R sent to SFA volunteer to record _____	<input type="checkbox"/> Money Order No. _____

You Can Help Save Lives!

Please consider a donation to help provide care to needy dogs and cats in our community.

Speak for Animals, a 501 (c) 3 nonprofit based in Greenville, SC, has helped thousands of animals and the people who love them since 2003. Please consider helping a local family in need, and provide a spay or neuter for their animal, by making a **tax-deductible donation**. Doing so will help save 1000's of unwanted animals from being born. Simply complete the section below and include check or money order for your tax-deductible donation.

YES! I would like to donate the following to help another animal in need.

- \$ 50.00
- \$ 25.00
- Other \$ _____

Make a donation in memory or honor of someone.

Please Circle One In Memory In Honor

Name of person/animal donation is in honor or memory of _____

Who to send acknowledgement to _____

Acknowledgement mailing address _____

Your name _____

Your address _____

Phone _____ Email _____