

**SPEAK FOR ANIMALS' SPAY/NEUTER REQUEST AND RELEASE FORM**



Name of Authorized Guardian/Agent for Animal(s) \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

Animal Name	Dog/Cat/ Feral Cat	Breed/Color	Age	Male/Female	*DOES ANIMAL NEED Rabies & Distemper? Y OR N	Health Problems / Concerns:

**SELECT A SPAY/NEUTER PROGRAM BY PLACING AN "X" NEXT TO ALL THAT APPLY:**

- 1) REGULAR LOW COST PROGRAM      \$70 \_\_\_ + VACCINES \$10 \_\_\_ = TOTAL DUE? \$ \_\_\_
- 2) FIX-A-PIT BULL PROGRAM      \$25 \_\_\_ + VACCINES \$10 \_\_\_ = TOTAL DUE? \$ \_\_\_
- 3) GOVERNMENT ASSISTANCE PROGRAM    \$25 \_\_\_ + VACCINES \$10 \_\_\_ = TOTAL DUE? \$ \_\_\_ (GA PROOF REQUIRED)
- 4) FERAL CAT PROGRAM      \$10 \_\_\_    VACCINES INCLUDED **GREENVILLE COUNTY ANIMAL CARE CLINIC ONLY**

*\* CURRENT RABIES AND DISTEMPER VACCINATION RECORDS MUST BE PROVIDED TO VETERINARIAN AT TIME OF SURGERY OR VACCINES WILL BE ADMINISTERED BY VETERINARIAN AND YOU WILL BE RESPONSIBLE FOR THE COST.*

**CAREFULLY READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING.**

Speak for Animals (SFA) uses licensed veterinarians and their staff for all procedures performed. I, acting as guardian/agent for the animal(s) named above, hereby request and authorize SFA, through whomever veterinarians and assistants used in their program, to perform an operation for the sexual sterilization of the animal described above. I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure.

I also understand that some factors significantly increase surgical risk, including but not limited to pregnancy, animals 5 years and older, and diseases such as FIV, Feline Leukemia, and heartworms.

I certify my animal(s) has been vaccinated within one year prior to this date, (records must be presented prior to animal receiving surgery), or I agree to recommended vaccinations at the time of surgery. I understand that vaccination causes 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 will not have food after 7:00 PM the evening prior to surgery.** I understand that the vet has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that the vet will not be performing a complete health examination on the animal before surgery is performed.

I hereby release the SFA, the veterinarians, assistants, and all of its/their officers, directors, employees, and members of staff from any and all claims arising out of or connected with the performance of this operation or procedure. I agree that I have not or will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

**I understand that the veterinarian and staff are donating their time at a reduced rate for SFA and their time is valuable. I understand it's my responsibility to notify the veterinarian within 24 hours of my scheduled appointment if I need to reschedule or I may be charged. I understand that I am responsible for picking up my animal(s) within 48 hours of scheduled pick-up date/time or I will be charged boarding fees, and my animal(s) can be considered abandoned.**

**Signature Authorized Guardian/Agent of Animal(s) \_\_\_\_\_ Date: \_\_\_\_\_**

**Mail completed R&R form with full payment (check or money order) to the address below.** Upon receipt of completed R&R form and full payment, a Spay/Neuter Voucher will be mailed to you. You are then responsible for contacting one of our participating Veterinarians listed and scheduling your appointment. Spay/Neuter Voucher must accompany your animal(s) to its appointment.

**VOUCHER PAYMENTS ARE  
 TRANSFERRABLE **NOT REFUNDABLE.**  
 ALLOW UP TO SEVEN (7) DAYS TO  
 RECEIVE YOUR VOUCHER(S).**

**Please make checks payable to: Speak for Animals  
 PO Box 24185, Greenville, SC 29616.**



## You Can Help Save Lives!

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

Speak for Animals is a 100% volunteer and donation based 501(c) 3 non profit organization based in Greenville, SC. Please consider helping a local family in need provide a spay or neuter for their animal. 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 a needy family have their animal spayed/neutered or vaccinated.

\_\_\_\_\_ \$70.00 Spay/Neuter for 1 needy dog or cat and save 1000's of future unwanted animals.

\_\_\_\_\_ \$20.00 Provide vaccinations, food and other necessities for a needy dog or cat.

\_\_\_\_\_ \$ Other Special purchase donation; make a donation as a memorial or gift.

Name of Memorial or Gift Recipient: \_\_\_\_\_

Mailing Address of Above: \_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_