



# RABBIT SPAY/NEUTER REQUEST & RELEASE FORM



Name of Authorized Guardian/Agent for Animal(s) \_\_\_\_\_

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

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

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I would like my voucher sent to me by  Email (MUST provide email address above) OR  Postal Mail (check one)

Animal Name	Breed	Color	Age	Male/Female		Health Problems / Concerns:

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

1) REGULAR LOW COST PROGRAM : TOTAL RABBITS \_\_\_\_\_ X \$65 EACH = TOTAL DUE \$ \_\_\_\_\_

2) GOVERNMENT ASSISTANCE PROGRAM WITH PROOF ATTACHED: TOTAL RABBITS \_\_\_\_\_ X \$65 EACH = TOTAL DUE \$ \_\_\_\_\_

## **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 Clinton Animal Hospital, to perform an operation for the sexual sterilization of the animal (s) 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 certify my animal(s) is in good health and will be fed up to time of surgery. My rabbit must arrive in a carrier and I will bring food for him/her to eat before and after 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: \_\_\_\_\_

**Thank you for loving your rabbit! Mail completed form with full payment (check or money order) and proof of government assistance (if applicable) to the address below.** Upon receipt of completed form, proof (if applicable) and full payment, a Spay/ Neuter Voucher will sent to you. You are then responsible for contacting one of our participating Veterinarians listed on the voucher and scheduling your appointment. Spay/Neuter Voucher must accompany your animal(s) to its appointment.

**Speak for Animals  
PO Box 24185  
Greenville, SC 29616**

(864) 421-0022  
www.speakforanimals.com

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

# You Can Help Save Lives!

**Please consider a donation to help provide care to needy animals 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.

\_\_\_\_\_ \$50.00 Spay/Neuter for 1 needy animal 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: \_\_\_\_\_

## **Speak for Animals**

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Greenville, SC 29616

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**[www.speakforanimals.com](http://www.speakforanimals.com)**