

Application for Spay/Neuter Assistance Program

Ontario County Humane Society

The Spay/Neuter Assistance Program is made possible through the generosity of participating veterinarians as well as community donations and is available to residents of Ontario County in need of financial assistance. Participating veterinarians have agreed to pay one-third of the cost of the spay/neuter surgery and the Ontario County Humane Society uses community donations to pay another one-third of the cost of the spay/neuter surgery. The remaining one-third of the cost of the spay/neuter surgery, along with any additional veterinary expenses, will be the responsibility of those who qualify for the program and will be paid to the veterinarian at the time of surgery.

SECTION 1: DO YOU QUALIFY?

Are you a resident of Ontario County? Yes No

Please circle your household size:	Please circle your annual income:
1	\$30,000
2	\$36,000
3	\$42,000
4	\$48,000
5	\$54,000

Does your household size meet the corresponding annual income range? Yes No

There is a limit of three surgeries per household per year. Have you participated in this program less than three times this year? Yes No

If you answered yes to all three questions above, please fill out the remainder of this application in its entirety. If you are applying for multiple pets, one application needs to be completed for each pet.

SECTION 2: PARTICIPATING VETERINARIANS

Contact one of the participating veterinarians listed below to determine the cost for your pet's surgery. *Do not make an appointment for surgery yet.* Please select the veterinarian you would prefer to use:

	Veterinarian	Address	Phone
<input type="checkbox"/>	Bolton Veterinary Services: Mobile Veterinary Care	Stanley	(585) 261-6270
<input type="checkbox"/>	Canandaigua Veterinary Hospital	4410 County Rd. 50, Canandaigua	(585) 394-3340
<input type="checkbox"/>	Eastview Veterinary Clinic	1260 Rt. 14A, Penn Yan	(315) 536-9871
<input type="checkbox"/>	Farmington Veterinary Hospital	1400 Beaver Creek Rd., Farmington	(585) 398-2058
<input type="checkbox"/>	Finger Lakes Animal Hospital	5383 Thomas Rd., Canandaigua	(585) 394-2288
<input type="checkbox"/>	Geneva Veterinary Hospital	762 Pre-Emption Rd., Geneva	(315) 781-2808
<input type="checkbox"/>	Lakeshore Animal Hospital	347 Waterloo-Geneva Rd., Waterloo	(315) 789-7010
<input type="checkbox"/>	Livonia Veterinary Hospital	6005 Lakeville Office Park, Livonia	(585) 346-3810
<input type="checkbox"/>	Macedon Veterinary Care	1503 Canandaigua Rd., Macedon	(315) 986-4246
<input type="checkbox"/>	Mendon Village Animal Hospital	1380 Pittsford-Mendon Rd., Mendon	(585) 624-2240
<input type="checkbox"/>	Phelps Veterinary Hospital	1990 Rt. 96, Phelps	(315) 548-8321
<input type="checkbox"/>	Storybook Farm Veterinary Hospital	634 Rowley Rd., Victor	(585) 924-7740
<input type="checkbox"/>	The Country Vet	2133 Rt. 21, Canandaigua	(585) 412-6055
<input type="checkbox"/>	Victor Vet Care	7387 Rt. 96, Suite 400, Victor	(585) 398-7373

Veterinarian's estimated surgery cost for your pet: \$ _____

SECTION 3: APPLICANT INFORMATION

Please print

Name _____

Street Address _____ City/Zip _____
-

Email _____ Phone (Day) _____
-

SECTION 4: INFORMATION ABOUT YOUR PET

Your vet will want all vaccinations up to date at time of surgery.

Name _____ Cat Dog

Primary Breed _____ Age _____ Months Years
-

Gender Male Female Size Small Medium Large Extra Large

If female, has she ever had a litter? Yes No If yes, when was the most recent? _____
-

If a dog, is it licensed in your town? Yes No

Primary Color _____ Secondary Color _____

Do you have other pets? Yes No If yes, are they spayed/neutered? Yes No

SECTION 5: AGREEMENT

I understand I *should not* make the spay/neuter appointment with my veterinarian until the Ontario County Humane Society notifies me that I've been approved for this program. Yes

I understand that surgery needs to be done within 90 days of approval, and failure to do so may result in cancellation. Yes

I understand the participating veterinarian and the Ontario County Humane Society will each pay one-third of the cost of the spay/neuter *surgery* only. If accepted into this program I must pay one-third of the cost of the spay/neuter surgery along with any additional medical expenses that may arise. Yes

I understand the amount I pay should be paid directly to the veterinarian at the time of surgery. Yes

I understand there is an annual limit of three surgeries per household under this program. Yes

I certify that the above information is true and correct. Yes

Signature _____ Date _____

Submit your application to the Ontario County Humane Society for review. If you are accepted into the program, you will be contacted by the shelter in approximately five to ten business days. If you have any questions, please call the shelter.

FOR VETERINARIAN USE ONLY

Case number _____

Date spayed/neutered _____ By _____ DVM

Cost of surgery ONLY _____

Pet owner's 1/3 payment _____

Veterinarian's 1/3 payment _____

1/3 Payment due from _____
OCHS _____

Thank you for your continued support! Please fill out the veterinarian portion and return to OCHS. If you have any questions, please feel free to call us at (585) 396-4590.