



A registered nonprofit  
Arizona corporation  
With 501(c)(3) status  
Tax no. 86-0726443

[www.azfriends.org](http://www.azfriends.org)

143 W. Vaughn Ave.  
Gilbert, AZ 85233  
(480) 497-8296  
E-Mail: [info@azfriends.org](mailto:info@azfriends.org)

Dear Community Member,

Thank you for your interest in Friends for Life's low cost spay and neuter program. When completing your application, please remember to follow these steps:

- Please fill out the application in it's entirety and return with the proper documentation attached.
- Please print clearly so that we may quickly process your request.
- Please enclose a check for the \$15.00 suggested donation. If for any reason you do not qualify for the program, the donation will be promptly returned.
- You may mail or hand deliver the completed application, donation and appropriate documentation to:  
Friends for Life Animal Sanctuary  
143 W. Vaughn Avenue  
Gilbert, AZ 85233
- Participating veterinarians require that all animals must have a current vaccination record at the time of their appointment. If vaccinations are not current and the participating veterinarian is requested to administer the vaccinations, it will be at the individual's expense.
- In order to expedite requests, if you will be requesting spay or neuter services for more than one animal, please fill out a separate application, check, and appropriate documentation for each animal.
- Application donations cannot be refunded due to a missed appointment. If you need to reschedule an appointment, please contact the participating veterinarian. If you have missed an appointment you will need to re-apply to the low cost spay and neuter program.
- Please note that the participating veterinarians have the right to refuse performing procedures if they feel it is not in the best interest of the animal. Reasons for refusal of service may include, but are not limited to: age, poor health, or pregnancy. There may also be additional costs for blood work for procedures being performed on older animals.



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## LOW COST SPAY/NEUTER APPLICATION

Applicant Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dog or Cat? \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Male or Female? \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

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I request services to be provided on my animal companion through the Friends for Life Animal Sanctuary low cost spay and neuter program, partially supported through funds provided by the Maricopa County spay & neuter license plate fund.

I certify that I qualify for this program as my total annual household income is less than \$45,000 per year.

### Proof of Qualification

- \_\_\_\_\_ Copy of paycheck stub
- \_\_\_\_\_ Copy of previous year's W-2 or 1099
- \_\_\_\_\_ Copy of previous year's income tax return

I agree to donate \$15.00, payable to Friends for Life Animal Sanctuary, in return for the services provided to my animal companion. I understand that this does not include the cost for vaccinations and that I will be responsible for the cost of any vaccinations required. If I do not qualify for the Friends for Life low cost spay and neuter program, Friends for Life Animal Sanctuary will return my check to me. In such case, an alternative program is Maddie's Fund spay/neuter program and that I may contact 602-242-7936 for spay/neuter program information from the AZVMA.

I declare that I am the responsible party for the above mentioned animal, and that I have the authority to execute this agreement.

I authorize the performance of the sterilization procedures for the above named animal, and I understand that there is a risk of unforeseen complications.

I authorize the use of any anesthetics as may be deemed advisable and surgical or therapeutic procedures as may be determined necessary.

I authorize the vaccination of the above named animal in accordance with the needs of the animal as determined by the attending veterinarian. I understand that the sterilization procedures cannot be performed on such animal without the appropriate vaccinations. I agree that I am responsible for the cost of such vaccinations.

I agree to indemnify and hold harmless Friends for Life Animal Sanctuary from and against any and all liability arising out of the performance of any of the procedures referred to above.

Agreed to and acknowledge on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant's signature: \_\_\_\_\_

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### For office use only

Received check no. \_\_\_\_\_ in the amount of \$15.00 suggested donation  
Certificate no. \_\_\_\_\_ issued on \_\_\_\_\_ (date) Expiry \_\_\_\_\_ (date)