



Friends for Life Animal Rescue  
952 W. Melody Ave  
Gilbert, AZ 85233

Dear Pet Companion:

You requested an application for Friends for Life Animal Rescue's Low Income Spay /Neuter assistance program. Please be sure to complete the steps outlined below:

- Fill out the attached application completely and attach copies of the proper paperwork to show qualifications. **Please be sure to block out any social security numbers shown on any attachments.**
- Please print clearly.
- Enclose the minimum donation of \$15.00. Friends for Life Animal Rescue accepts cash, certified checks and credit cards. If you do not qualify for our program, your donation will be returned to you.
- Mail the completed application, donation, and copies of the appropriate documentation to the address at the top of this letter or bring the application to our shelter. Shelter hours are: Tuesday and Friday from 10 am to 2 pm, Wednesday and Thursday from 3 pm to 7 pm, and Saturday from 10 am to 5 pm. The shelter is closed on Sunday and Monday.

**Please note: your animal's rabies vaccinations must be up-to-date at the time of your appointment. If they are not, you shall be responsible for the cost of the vaccination. The rabies vaccinations usually cost between \$8 - \$18. The spay/neuter voucher does not include pain medications.**

- One application per animal. If you have more than one animal, you must submit a separate application, donation and appropriate documentation for each.
- If you miss your appointment or your certificate expires, you must re-apply to Friends for Life. Application donations cannot be refunded if you miss your appointment or your certificate expires.
- Please note: the veterinarians participating in this program have the right to refuse performing procedures on your animal 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, pregnancy. There may also be additional charges from the vet for blood-work if the animal is older.

**Friends for Life Animal Rescue – Low Income Spay / Neuter Program Application**

Applicant Name: \_\_\_\_\_

Name of Animal: \_\_\_\_\_

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

Dog : \_\_\_ Cat: \_\_\_ Male: \_\_\_ Female: \_\_\_

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

Breed: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_

Pregnant: Yes \_\_\_ No \_\_\_ In Heat: Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_

Had a litter: Yes \_\_\_ No \_\_\_ Seen a Vet: Yes \_\_\_ No \_\_\_

I request services to be provided to my pet through the Friends for Life Animal Rescue Low Cost Spay / Neuter Program. 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 last year's W2

I agree to a minimum donation of \$15.00 to Friends for Life Animal Rescue in return for the services provided for my pet. I understand this does not cover vaccination and pain medication charges and that I shall be responsible for these costs. If I do not qualify for the Low Cost Spay / Neuter program, Friends for Life Animal Rescue will return my donation to me. Information on alternative programs available in Arizona can be found by calling the Spay Neuter Hotline at (602) 265-SPAY (7729) or at their website: [www.SpayNeuterHotline.org](http://www.SpayNeuterHotline.org).

I declare that I am the owner of the above named animal or I am responsible for it and have the authority to execute this agreement.

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

I authorize the use of 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 procedure cannot be performed on this animal without the appropriate vaccinations. I agree that I am responsible for the cost of such vaccinations.

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

Agreed and acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Signature: \_\_\_\_\_

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**For Office Use Only**

Donation Amount: \_\_\_\_\_ Payment Method: Certified Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Certificate No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_