Star SHORE	PAID
	Date
	Amount
NAME AND A DESCRIPTION OF A	PayPal
	Check#
SPCA SPCA Eastern Shore Inc.	Cash
Flixing for a Home Spay Neuter Assistance Program (SNAP) Application	
	REQUIRED
Prices include a 3 day supply of pain medication to go home with your pet cat or dog; does not apply to feral cats	Rabies Pain Meds
	E collar
Name Daytime Phone	Blood Work Waiver
	(required if dog is 5+ years
Mailing Address	or cat is 7+ years old)
	······
City, State, Zip	
Cat Dog Male Female Pet Name Weight (MUST be under 65#) *	\$20 FEE IF OVER 50#
	na n
AgeColorBreed	
Current on RabiesVerifiedDate(Copy of rabies certificate must be included)	
Participant Declarations	
Cancellation Policy: We need at least 7 days notice that you will not be able to keep your surgery a	<u>ppointment in order to</u>
refund your payment or give you a free rescheduled appointment.	
I have applied for spay/neuter clinic at the SPCA Eastern Shore, Inc., under the following conditions. I under the parformed on the Neuton Sector executed by Vincinia Parala Sector and the Vincinia Parala Sector and t	derstand that the surgery
will be performed on the Neuter Scooter operated by Virginia Beach SPCA. I understand the terms of the prequired fee allowing mote participate in the program. Gets must be transmissed in sefere and bin sefere and bin set of the program.	program. I have paid the
required fee, allowing me to participate in the program. Cats must be transported in safe, working carriers. I understand and agree that:	
Tunderstand and agree that.	
A. There is some risk associated with any surgical procedure performed on my pet; and that the risk	may increase for nets
who have not received routine veterinary care throughout their lifetimes. I agree to hold harmless the	SPCA Eastern Shore
Inc., and the Virginia Beach SPCA from any liability arising from my pet's surgical procedures as a	part of the SNAP
Program.	
B. I understand that the cost for the program covers the cost of spay neuter surgery.	
I have been informed that other tests or screening is available at an additional charge.	
C. I agree that the VBSPCA veterinarian may refuse to perform the surgery on my pet if,	
upon examination, the spay neuter surgery poses a life threatening risk to the pet. I understand	
that if the surgery is declined by the veterinarian, my fees will be refunded or I can have the next avail appointment.	lable clinic
appointment.	
I. hereby agree that by leaving my (cat or dog)	named
I, hereby agree that by leaving my (cat or dog) to be spayed or neutered, I accept responsibility for the following:	
I j in the rest of the second s	
Picking up my dog by 1 pm, or picking up my cat by 2:30 pm.	
If I am late, I will be charged \$50 for each half hour past the designated pick-up time.	
If I do not might up any not have been the state of the s	
If I do not pick up my pet by closing time, I will be charged an additional \$100 per day.	
There is no one on duty once the shelter has closed for the night. This makes it as acially important to might	we may not on the officer
There is no one on duty once the shelter has closed for the night. This makes it especially important to pick surgery. If an emergency occurred during the night, it would not be discovered until the shelter is opened the n	up my pet on time after
	UNI WOIK UAY.

SIGNATURE REQUIRED ON NEXT PAGE; INITIAL THIS PAGE

Initial_____

January 1, 2025

In the event that medical care is required beyond spaying or neutering, I agree to pay any and all costs that are incurred and this signed document can be used as authorization to guarantee payment to the veterinarian. The shelter personnel will attempt to reach the owner at the following number(s) if an emergency arises but will take whatever steps are necessary to care for the animal, even if the owner can not be reached. Virginia animal law mandates that all animal shelters take medically distressed animals to a veterinarian for diagnosis and treatment or euthanasia, if necessary.

All bills must be paid before the pet is released.

Emergency telephone #'s HOME:	OFFICE:	CELL:	
Signed	Printed Name	Date	

Application and payment (\$135 cats, \$165 Male dogs, \$175 Female dogs. If no rabies certificate please include an additional \$22 for rabies vaccination) may be mailed to SPCA Eastern Shore P. O. Box 164 Onley, VA 23418. Cash, money orders, checks and credit cards are accepted.

Please enclose: Application, Copy of Rabies Certificate and Payment

There may be additional fees due at time of pick-up, if you have a female pet, or a dog over 50 lbs. \$20 extra if your female dog is in season (heat); if pregnant there is an additional \$48 fee. If your cat is pregnant, there is an additional \$20 fee. If your dog is over 50 lbs., there is an additional \$20 fee. For example, if you have a 60 lb. dog who is pregnant, the additional charges will be \$68.00.

If you know your pet is in season or pregnant, or over 50 lbs., you can pay the extra charges at the time you return this form to us. Otherwise, the additional fees will be payable at the time of pick-up.

I am unable to drop off/pick up my pet on the day of surgery, but have designated a third party to do so for me _____ (please check if this applies)