



Animal Lifeline works with a network of veterinarians who have reduced their regular prices for those who cannot otherwise afford to have their pets or strays spayed or neutered. This Program has been created for pet owners and caretakers with genuine financial need, or for the control of feral cat populations. You must supply all of the information requested on this form to receive a spay/neuter discount certificate.

Our participating veterinarians rely on us to pre-qualify applicants, and their trust in us and the applicant's truthfulness is vital to this program. When the pet owner's need is great, **Animal Lifeline** may pay the veterinarian all or some of the cost on behalf of the pet owner.

The donations used to make these payments are obtained by the constant hard work of our non-paid volunteers. Please return our generosity to you and your pets by volunteering or by donating money when your financial situation changes.

Instructions: Start with appropriate section below. When you have completed the application, please mail it to **Animal LifelineSNAP**

Warrington Pavillion Shopping Center

1111 Easton Road Suite 24

Warrington, PA. 18976

Include a self-addressed, stamped envelope.

If you are able to afford the low-cost spay/neuter prices, a response will be mailed to you within five business days after we receive your application. The price for the feral certificate is \$50.00, low income pet rate is 80.00 made payable to Animal Lifeline. Fee includes spay/neuter, rabies inoculation, flea treatment.

If you require financial assistance **your request will be processed as funds are available.**

Cats may not be declawed in conjunction with this Program.

Feral Cats Requirements:

We expect that caretakers of wild/feral cats to understand the need for FIV and Lukemia testing. Cats living in the outdoors who are wild and unable to be adopted must pass a pre-screen testing for the Lukemia and AIDS viruses. A \$15.00 charge will be added for screening. We are asking that cats testing positive for highly transmittable diseases or otherwise to injured or ill to survive be humanely euthanized so as not to jeopardize other animals including people's outdoor pets and other feral cats in colonies.

How did you hear about Animal Lifeline? _____

PART ONE:

*Please fill out **CAT** (for pets or single strays) or **STRAY CAT COLONY** section.
(must provide)
(specify years or months)*

Sex: Male/Female/Unknown

Age of Animal: _____

If female, has she had a litter? Yes / No /Don't know

*Note: Cats **MUST** be brought to vet in a carrier or humane trap.*

Age of animal?

Color?

Source of Animal:

(check one)

Bought, Price \$ _____, Found ___ Adopted ___ Inherited ___

From: ___ Pet Shop ___ Shelter ___ Relative ___ Breeder
___ Acquaintance ___ Stray ___ Other _____

Condition of Animal: ___ Appears Healthy ___ Wound/Injury *(Describe)*

___ Runny Eyes/Nose ___ In Heat ___ Pregnant ___ Fleas
___ Friendly q Bites/Scratches ___ Feral (wild)
___ Other Health Problems? _____

STRAY CAT COLONY:

Describe the situation:

Geographic location of colony:

Number of un-spayed females *(specify ages, if known):*

Do you regularly feed these cats? ___ Yes ___ No If Yes, how often?

The cats are: ___ Friendly ___ Semi-Wild ___ Wild

Can they be petted? ___ Yes ___ No

Do you have a cat carrier? ___ Yes ___ No *Please borrow one!*

Do you have a humane trap? ___ Yes ___ No

Do you know how to use a humane trap? ___ Yes ___ No Do you need one? ___ Yes ___ No

Breed: _____

Sex: ___ Male ___ Female ___ Unknown

Approximate Weight: _____

The information requested in this section will help us evaluate your request for low-cost services to our participating veterinarians. Please print clearly.

Name _____ Phone Number () _____
_____ day
Address _____ () _____ evening
City/ST _____ Zip _____
County _____

What is the name of your current veterinarian? _____
Have you checked with your vet for a price quote on this surgery? ___ Yes, Price \$ _____
___ No
Can you afford the low-cost prices? ___ Yes ___ No
If Yes, skip the box below. If No, please answer the questions in the box below.

Female Spay Male Neuter
Cat \$50-80

Many people are able to afford the full low-cost price if they can pay part of the cost at the time of surgery and have a payment plan for the rest of the amount.
Can you afford a plan like this? ___ Yes How much can you afford to pay at the time of surgery? \$_____, or ___ NO
How much per month? \$_____
How much can you afford to pay on the day of surgery? \$_____
How much in the future? \$_____ When?_____

Please describe your financial situation, checking all applicable boxes:
___ Own home ___ Rent ___ Single income ___ Double income
___ Retired ___ Food stamps ___ Medicaid ___ Public assistance
___ Unemployment compensation ___ Aid to families with dependent children
___ Supplemental security income ___ Pharmaceutical assistance to aged and disabled
If you are on financial assistance of any kind please include at least one form of proof.
Describe your situation:

I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading.
Your Signature _____ Date _____

It is the law that animals be inoculated against rabies. Does the animal need a rabies shot?
___ Yes ___ No

PLEASE REMEMBER TO INCLUDE A SELF-ADDRESSED, STAMPED BUSINESS ENVELOPE.

Volunteer Comments:

Call Returned? Yes No Not applicable

9

Valid only for services listed below through [Your Group Name] and participating veterinarians ¥ VOID IF PHOTOCOPIED

Issue Date _____ Certificate # _____ Expiration Date _____ Authorization Signature _____

Pet Owner _____ **Veterinarian** _____

Address _____ Clinic _____

_____ Address _____

Phone _____ Phone _____

Pet Owner: Specify you have a certificate when making vet appointment and bring certificate with you. **Pay indicated amount directly to the vet at time of surgery.** Indicated amount is for basic spay/neuter and rabies services only and may not reflect total vet service charges. Neither this Program nor the vet is liable for any possible health complications arising from the surgery due to pre-existing health problems of the pet. **This certificate is void if the bearer requests declawing for a cat.** Cats must be transported in a carrier.

*A non-profit,
all-volunteer
organization
providing
a low-cost
dog and cat
spay/neuter
program.*

Pet owner pays \$

TYPE: Dog Cat Spay Neuter \$ Rabies \$ Total \$

GENDER: F M Unknown We thank our network of veterinarians who lower their prices to make our program possible.

Special Instructions: _____

Veterinarian's Signature: _____ **Surgery Date:** _____

This signature confirms that the surgery was performed on the above date. (Vet's office: Please call if there are any questions regarding this certificate or the validity of the authorization signature listed above. After surgery, please return the completed certificate to [Your Group Name].

Your Group Name ¥ Your Street Address ¥ Your City, State, Zip Code ¥ Your Phone Number