

Animal Guardians of Brevard, Inc.

"For the Love of Animals"

PET STERILIZATION PROGRAM

Animal Guardians of Brevard, Inc. offers a program that provides financial aid to individuals who need assistance with the cost of sterilizing a companion animal. Sterilization is performed through the cooperation of local veterinarians and clinics. Financial assistance is based upon individual need and available funds. Your pet must be up to date with his/her rabies shot. The certificate is required. If not, a rabies shot must be administered at your expense. All information is kept strictly confidential.



Please fill out the following application and return it to:

Animal Guardians of Brevard
981 E. Eau Gallie Blvd., Ste. E, PMB #102
Melbourne, FL. 32937
Phone: 321-759-2999
Email: info@animalguardiansofbrevard.org
www.AnimalGuardiansofBrevard.org

CLIENT COPY

INSTRUCTIONS, REQUIREMENTS, AND CONDITIONS

PLEASE READ CAREFULLY AND FOLLOW EXACTLY!

Animal Guardians of Brevard (AG) will cover the cost to spay or neuter the above-named animal at a clinic or veterinarian of our choice. Unless AG tells you a different arrangement will be made:

YOU, THE ABOVE-NAMED PET GUARDIAN, MUST:

CALL AG TO INFORM US YOU ARE APPLYING FOR ASSISTANCE, AND COMPLETE APPLICATION.

THEN CALL TO MAKE THE APPOINTMENT within three (3) business days at:

SPCA	455 Cheney Hwy., Titusville, FL. 32780	321-269-0536
Florida Aid to Animals	741 Creel St., Melbourne, FL. 32935	321-242-9826

Be sure to tell the clinic that this animal is being sterilized through the Animal Guardians Spay/Neuter Program.

Your animal must stop eating, and possibly drinking, the night before surgery. Be sure to get complete pre-operative instructions from the clinic when you make the appointment.

CALL AG AGAIN AND INFORM US AS SOON AS SURGERY IS SCHEDULED, or if an appointment is changed. **Failure to contact AG after setting up appointment may prevent us from assisting you.**

TRANSPORT YOUR PET to and from the clinic or veterinarian's office **ON TIME**. Bring this paper.

PAY FOR ANY AND ALL COSTS THAT MAY BE INCURRED IN ADDITION TO THE SPAY OR NEUTER. This could include rabies shots (required unless you can show a current rabies certificate), tests, medications, and other treatments the clinic may deem necessary.

ANY COSTS INCURRED BY YOU WILL BE DUE WHEN YOU PICK UP YOUR ANIMAL AFTER SURGERY. AG will make arrangements for payment of our portion of the bill.

CALL AG AND INFORM US WHEN SURGERY HAS BEEN COMPLETED.

You agree to try and provide a life-long, safe, loving home for your pet. This includes exploring any and all remedies for problems and searching out every safe alternative before ever relinquishing the pet to a shelter. You agree to never abandon your pet.

All medical procedures carry a degree of risk, although it is very small for sterilization surgery. Animal Guardians of Brevard cannot be held liable for any unexpected outcomes.

I have read and agree to abide by these requirements. I am requesting sterilization of my pet described above. This information is true and correct to the best of my knowledge. I have received a copy of this instruction and waiver page.

CALL ANIMAL GUARDIANS AT 321-759-2999



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APPLICATION FOR ASSISTANCE WITH PET STERILIZATION

This program provides financial aid to individuals who need assistance with the cost of sterilizing a companion animal. Sterilization is performed through the cooperation of local veterinarians and clinics. Financial assistance is based upon individual need and available funds. Your pet must be up to date with his/her rabies shot. The certificate is required. If not, a rabies shot must be administered at your expense. Other services deemed necessary by the clinic may be incurred at your expense. All information is kept strictly confidential.

Pet Guardian's Name _____

Phone # (home) _____ (work) _____

Address _____ City _____ State _____ Zip Code _____

Pet's Name _____ Cat ___ Dog ___ Breed _____ Male ___ Female ___ Age ___

Est. weight _____ Pregnant? ___ Date of last heat _____ Date of last litter _____

How did you get this pet? Shelter ___ Pet store ___ Breeder ___ Friend ___

Ad in paper ___ Found ___ Other _____

Has your pet ever been to a veterinarian? ___ Name of vet _____

Vet's phone number _____ Date of last visit _____ Reason _____

When was your pet's last rabies shot? _____ What other shots has s/he had? _____

How many other pets do you have? Cats ___ Dogs ___ Are they sterilized? _____

What is the total yearly income of your household? \$ _____

How many adults in your family? _____ How many children? _____

Check any that describe your situation:

___ My only income is social security

___ I am disabled on SSDI

___ I receive SSI or food stamps

___ I am on Medicaid

___ I am unemployed

___ Other (describe) _____

Will you be able to arrange transportation for your pet to get to the clinic or vet in the early morning and back home in the afternoon? _____

How much are you able to contribute toward sterilization \$ _____

How did you find out about this program? _____

Please return pages 3 and 4 of this application to Animal Guardians of Brevard.

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Pet Guardian's
Signature _____ Date _____

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