



Today's Date: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_

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

**Operation Pets Alive  
Public Spay and Neuter Program**

**Veterinarians and Rescue Groups working together to save lives!**

Thank you for your interest in OPA's Public S/N Program for residents of Montgomery County, TX only. (Proof of residency will be required.) Our partnering Veterinarians are working with OPA to offer low-cost services to you & to help Montgomery County remain a no-kill community! Please say THANK YOU to our supporting veterinary hospitals and let us know how this program has helped you by emailing [info@operationpetsalive.org](mailto:info@operationpetsalive.org)!

Name of pet \_\_\_\_\_

Do you believe this pet might show aggression to the veterinary staff?  Yes  No

Is the animal in heat?  Yes  No

Is the animal pregnant?  Yes  No

Has your pet ever had an allergic reaction to any medications or anesthesia?  Yes  No

If so, what? \_\_\_\_\_

Is the animal a dog or a cat?  Dog  Cat

Is the pet a male or female?  Male  Female

What is the breed or breed mix? \_\_\_\_\_

What is the pet's approximate age (note note years or months)? \_\_\_\_\_

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How much does the pet weigh (in pounds)? \_\_\_\_\_

Are the pet's vaccinations up to date? (Proof that dogs have a current Parvo/Distemper and Bordetella vaccine & cats have a current FVRCP vaccine is required from some of our veterinarians prior to s/n surgery. If your pet is not current, please consider getting a DAPP & Bordetella for dogs and a FVRCP for cats. The vaccines are offered at low-cost through this program.)  Yes  No

Does the pet need a rabies vaccination? (The pet will need a Rabies vaccination if you do not bring a current Rabies Certificate with you to the appointment!)  Yes  No

Is the pet on heartworm preventative? (Heartworm disease is easy to prevent and expensive to treat. Please check the HTW status of your pet yearly and keep them on a preventative.)  Yes  No

Is the dog microchipped? (A microchip will assure that your pet is returned to you if it strays or is taken to a shelter.)  Yes  No

Is your annual household income less than \$40,000 per year?  Yes  No

Are you on financial assistance (EBT or Wic, Medicaid, Medicare, Supplemental Security Income Program, Unemployment)  Yes  No

Applicant comments \_\_\_\_\_

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### **Services Requested**

Please indicate all of the services requested for this pet by checking the boxes below. You will also need to select these services from the OPA Spay/Neuter drop down menus and click "Add to Cart". Then "Check out" by paying online via Paypal or by Credit Card. **If selecting PLAN A, you must have answered YES to the last two questions.**

Dog Services Costs:  Plan A - Spay/Neuter - \$30  Plan B - Spay/Neuter - \$80  Rabies - \$10  
 Bordetella - \$15  DAPP - \$10  Heartworm Test - \$20  Bloodwork - \$65  Microchip - \$35

Cat Service Costs:  Plan A - Spay / Neuter - \$30  Plan B - Spay / Neuter - \$65  Rabies - \$10  
 FVRCP - \$15  Microship - \$35  FIV/FelV Test - \$20

Paid by  Paypal  Money Order  Credit Card (Visa, Mastercard, American Express)

If paying by Money Order, please send to Public S/N Program, P.O. Box 132104, Woodlands, TX 77393 along with your printed application and other required documents.

### Possible Additional Charges

These are possible **additional costs** applicable to dogs or cats which would be **paid to the veterinary hospital directly at checkout at time of surgery** if applicable.

- **\$10.00** additional for females who are determined to be in heat at the time of surgery.
- **\$35.00** additional for females who are determined to be in late-term pregnancy at the time of surgery.
- **\$75.00** additional for males who are determined to have undescended testicles at the time of surgery.
- **\$7.00** additional for any animal with fleas at the time of surgery.

Do you agree to pay the specified additional charges at time of service should they be applicable to your pet?

Yes  No

I UNDERSTAND THAT ALL SURGERY AND ANESTHESIA CARRIES RISKS, and that unforeseen conditions may be present which can increase the risks of complication during or after surgery. I understand that animals of advanced age, that have heartworm disease or that have never been vaccinated carry increased risks. I agree not to hold the participating veterinarian(s) or their representative(s), the participating animal rescue group or their representative(s), and volunteers or the facility liable for damages. If the veterinarian deems that the animal is not in condition to undergo surgery, surgery will not be performed. If I choose to use the services of an emergency clinic I understand that I will do so at my own expense. I certify that all information regarding my animal and my income is correct and true to the best of my knowledge.

By typing my name below, I attest that I agree to all terms and conditions set out in this contract. \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

*\*There may be a delay after pressing the "Submit" button before getting a confirmation message and/or it may appear as if you did not press the button. Please wait a few seconds before pressing again.*