



LOW-COST SPAY / NEUTER APPLICATION

Complete and RETURN IN PERSON To:

Gaston County Animal Control
220 Leisure Lane, Dallas, NC 28034
704-922-8677



**Hours of Operation: Monday - Friday (11am - 5pm)
: 1st Saturday of each month (10am - 2pm)**

With private donations, the Southern Piedmont Veterinary Medical Association is working with Gaston County Animal Control to surgically sterilize dogs and cats at reduced costs, for Gaston County residents who qualify for public assistance programs. Applicants must provide proof of eligibility to participate in this program. Proof of eligibility could include a current Food Stamps EBT card, Medicaid card, WIC card or written notification of approval for Food Stamp or Medicaid benefits. Only spays (ovariohysterectomy) and neuters (castration) are offered. You are encouraged to discuss any additional services, such as pre-surgical lab work, pain management, vaccinations, and de-worming with your veterinarian. Please read the following carefully, as it includes requirements for acceptance and a legal release of liability.

PET OWNER INFORMATION

_____		_____	
(Your Last Name)		(Your First Name)	
_____		□□□□□□	
(Address/City/County)		(ZIP)	
□□□□	- □□□□	□□□□	- □□□□
(Home phone)		(Work phone)	

PET INFORMATION

_____		Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
(Your pet's name)		(Your pet's species)		(Your pet's sex)	
_____		_____		_____	
(Your pet's breed)		(Your pet's color)			
Years <input type="checkbox"/>	Months <input type="checkbox"/>	Pounds <input type="checkbox"/>	Ounces <input type="checkbox"/>		
(Your pet's age)		(Your pet's weight)			

- I, acting as owner or duly authorized agent of the owner of the animal named above, hereby request and authorize the participating veterinarian to perform a surgical sterilization (spay/neuter) on this animal.
- I understand all surgery carries risks up to and including death. I will consult the participating veterinarian for specific details about the procedure to be performed on my animal.
- I certify, to the best of my knowledge, my animal is in good health and will be given **no food after 9:00PM the evening prior to surgery.** I will give my animal drinking water at all times.
- I understand the participating veterinarian will not perform a comprehensive health screening on my animal before surgery. Further, I understand the participating veterinarian may refuse to perform surgery on my animal if she/he believes it has a significant health risk. I will consult the participating veterinarian for details about health problems that may disqualify my animal from this program. In many cases, these problems may be successfully treated at my expense and my eligibility for this spay/neuter program may be restored at a later time.
- I understand if I don't retrieve my pet at the agreed upon time, the participating veterinarian will turn the animal over to Gaston County Animal Control which will make a reasonable effort to contact me before following their policies and procedures for disposing of unwanted animals.
- I understand if my animal does not have a valid rabies vaccination, one will be given and I must apply separately through Animal Control, for a corresponding license tag.
- I understand my animal will be micro-chipped for identification.
- I hereby release Gaston County, all of its officers, managers, and employees, as well as participating veterinarians and their staffs from any and all claims arising from or connected with the performance of this operation or procedure. I agree I have not or will not claim any right of compensation from any person or entity or file any action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

Signature/Date: _____
(Animal Owner or Authorized Agent of Said Owner)

GCAC/Date: _____ Vet Clinic: _____