



Helping Abused Neglected Disabled Displaced Souls

Spay and Neuter Program

In an effort to help control the pet population H.A.N.D.D.S. Spay and Neuter Program offers assistance with low cost spay and neuters. To apply for assistance, please complete this application and submit via email to handdssnipnclip@yahoo.com or regular mail to P.O. Box 1953, Traverse City, MI 49685. Your application will be reviewed and approved or denied in 5 to 7 days after receipt.

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Pet Name: _____ Dog/Cat: _____ WT: _____ Age: _____ Sex: M/F

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The price charged is for SPAY OR NEUTER SURGERY ONLY, Medication and pre-surgery blood work are NOT included. It is your responsibility to contact the vet if additional services are needed, shots, vaccines, heartworm test, etc. for additional cost.

Once you have our approval and confirmed your co-pay amount, you will need to contact the vet clinic to set up your appointment:

CHERRY CAPITAL MOBILE at 231-633-4738

KALKASKA ANIMAL HOSPITAL at (231)-258-4107

MANCELONA VET HOSPITAL at (231)-587-0520

You MUST provide this approved voucher to the vet at the time of your appointment, your co-pay is due when you drop your pet off for its appointment.

By signing this form you hereby release H.A.N.D.D.S. to the Rescue from any and all claims arising out of or connected with the procedure or adverse reactions from vaccinations.

Recipient signature: _____ Date: _____

H.A.N.D.D.S. APPROVAL: _____ Amount of recipients co-pay \$ _____ Expiration date: _____



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Please Supply the following information to help us determine your financial obligation for the services. For privacy purposes this information will not be saved or shared outside of the decision making process.

How many people related to you live in your home? Please do not include roommates

Adults _____ Children under 18 _____

What is the monthly income of your family? Please include all adults related to you that live in the home. \$ _____

Do you receive any government assistance? _____ Yes/No

If so what and how much? _____ \$ _____

What do you feel that you could afford per animal? _____

How did you hear of our program? _____

Program use only

Cost for animals \$ _____

Clients portion \$ _____

Additional charges to be paid by client:

- Rabies
- Blood work
- Miscellaneous _____

Approved by: _____