



# Application For Spay/Neuter Discount

Humane Society  
Animal League for Life  
P.O. Box 2094  
Richmond, KY 40476

**859-626-5600**  
Voice Mail

*(For use at any Madison County Veterinarian)*

This discount is offered through the cooperation of the Humane Society, A.L.L., Madison County area veterinarians, the Madison County Fiscal Court, the City of Richmond, and the City of Berea. **Authorization of this certificate is dependent on the availability of funds.**

**This discount is intended for Madison County residents who cannot otherwise afford to have their pets spayed or neutered. This program has been created for pet owners and caretakers with genuine financial need. Funds are limited and applicants are subject to denial. In order to potentially qualify, you must supply all of the information requested on this form.**

### -INSTRUCTIONS-

1. Prepare a self-addressed & stamped envelope (for us to mail your approved form back to you).
2. Fill out this form & mail it, along with your self-addressed & stamped envelope, to the address above.

**\*\*\* Please NOTE: No forms will be authorized without a self-addressed and stamped envelope.**

Name of Person Applying \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Discount Requested: *Female Dog / \$50 off*    *Female Cat / \$40 off*    *Male Dog / \$40 off*    *Male Cat / \$20 off*  
(circle one)

Is this a Pure Breed animal or a Mixed Breed?     Pure Breed     Mixed Breed  
(check appropriate box to the right)

How exactly did you obtain this animal? (example: Bought at pet store, Bought from breeder, Stray that just moved in, Free pet ad from paper, Found on side of road, etc). \_\_\_\_\_

Age of animal \_\_\_\_\_ Description of animal (breed, color, and/or markings) \_\_\_\_\_

I certify that this info is correct & that I need financial assistance: \_\_\_\_\_  
(Signature of animal guardian or parent if guardian is a minor)

Due to limited funds, there is a limit of 2 certificates per family per year. This certificate is only good for the animal indicated above and must be used prior to the expiration date. Authorizations are good for 60 days only. If the certificate expires before you use it, you will need to reapply. Present this authorized certificate to your veterinarian at the time you leave your pet for surgery.

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Instructions to Participating Veterinarians

Please discount your customary price for Spay/Neuter service by the amount agreed upon. Sign and return this certificate to the Humane Society, Animal League for Life for reimbursement of services provided. Thank you for your participation.

Date Service was Performed \_\_\_\_\_  
(Signature of Participating Veterinarian)

Female Dog \_\_\_\_\_ Female Cat \_\_\_\_\_ Male Dog \_\_\_\_\_ Male Cat \_\_\_\_\_