

SICSA Recd _____ Surgery Date _____ LI / MI / Other _____ Pd by C/Chk/Chg
Micro-chip _____ Dewclaws (Dogs)/Retained Testicle/Ret Teeth/Umb Hernia _____ Rabies Vac _____

APPLICATION FOR SICSA SPAY/NEUTER PROGRAM

NAME _____ PHONE _____

ADDRESS _____ Daytime or Cell _____

CITY _____ STATE _____ ZIP _____

Have you used our program before? _____ If yes, when? _____ Recommended by _____

PET INFORMATION

Pet 1) Cat/Dog _____ Name _____ Age _____ Breed _____ Sex _____

Description _____ Are vaccinations current? _____

If pet is 16 weeks or older – is Rabies Vaccination current? Date and Clinic _____

How long have you had this pet? _____ How acquired? _____ In Heat? _____ Pregnant? _____

Indoors _____ Outdoors _____ How many previous litters _____ Still Nursing _____ Other Unneutered Pets _____

Is your pet in good health? _____ Is he/she being treated for any health issue? _____

Pet 2) Cat/Dog _____ Name _____ Age _____ Breed _____ Sex _____

Description _____ Are vaccinations current? _____

If pet is 16 weeks or older – is Rabies Vaccination current? Date and Clinic _____

How long have you had this pet? _____ How acquired? _____ In Heat? _____ Pregnant? _____

Indoors _____ Outdoors _____ How many previous litters _____ Still Nursing _____ Other Unneutered Pets _____

Is your pet in good health? _____ Is he/she being treated for any health issue? _____

FINANCIAL INFORMATION

SICSA's Spay/Neuter Programs are based on income. To qualify **PROOF OF INCOME AND FEE MUST** be submitted with your application. A copy of your taxes, social security, SSI, or proof of assistance must be submitted with payment prior to being scheduled. **FINANCIAL QUALIFICATIONS AND PRICES ARE LISTED** on the accompanying letter or our website link listing qualifications and prices. Rabies Vaccinations are required in Ohio – if your pet is 16 weeks or older your pet must be vaccinated – SICSA does offer rabies vaccinations for clients who qualify for our spay/neuter program. Rabies vaccination prices are listed on our accompanying letter or website link and are only offered to spay/neuter clients and are given the same day as their pet's surgery.

How many wage earners are in the household? _____ Monthly or Yearly Income _____

How many people are supported on this income? _____ Do you live by yourself? _____

Are you renting or buying your home? _____ What is the amount you pay? _____

I certify that the above information is accurate and complete.

Date _____ Signature _____

Mail or Bring:

COMPLETED APPLICATION, PROOF OF INCOME AND PAYMENT to:

SICSA Spay/Neuter Program

2600 Wilmington Pike

Kettering OH 45419

Your appointment will be scheduled AFTER your form is submitted with payment