



Grant County Animal Outreach

TRANSPORT CLINIC SPAY OR NEUTER APPLICATION

The transport program is for pet owners residing in Moses Lake, Washington, zip code 98837, who would like to spay or neuter their dog(s) or cat(s) and cannot afford the surgery without assistance. If approved, your animal will be transported to the Yakima Humane Society in Yakima for the spay or neuter surgery. This program is not available for animals in the possession of rescues or shelters.

A co-pay of \$10 for each cat and \$20 for each dog must be submitted with the application. The co-pay will be returned or refunded if the application is not approved.

Proof of current rabies vaccination is required. This may include a rabies certificate from the veterinarian or veterinary invoice which includes the pet id and the date of the vaccination. Rabies tags are not considered proof. Please include proof of the rabies vaccination with the completed application. The cost of the rabies vaccination is \$10 and must be included with this application.

All pets must be free of fleas and ticks. Any animals found with fleas or ticks will not be permitted on the transport. If the fleas or ticks are discovered as part of the pre-surgery exam, flea and tick treatment will be administered and the owner's expense. The cost of the flea and tick treatment is \$10.

**To qualify, fill out the application entirely and return by mail or in person to:
 Grant County Animal Outreach
 6725 Randolph Road NE
 Moses Lake, WA 98837**

(Please Print Clearly)

Today's date:

APPLICANT INFORMATION

First name:		Last name:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
				<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.
Street address:			Home phone no.:	Mobile phone no.:	
			()	()	
City:	State:	ZIP Code:	Email address:		
Annual Household Income:			Number of Persons in Household:		
Are you the animal(s) owner/primary caretaker? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no: What is the name of the animal(s) owner/ primary caretaker:					
What is your relationship to the animal's owner/primary caretaker? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:					
Do you have their permission to have the animal(s) spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Owner/Primary Caretaker's Information (if different):					
Street address:			Home phone no.:	Alternate phone no.:	
			()	()	
City:	State:	ZIP Code:	Email address:		

Mailing address if different:

DOG/CAT INFORMATION

Please list all animals in need of spaying or neutering, if necessary, attach a separate sheet of paper or another application.

Animal's name: Dog Cat Breed?

Age: Color: Weight: Gender: Male Female Unknown

Has this animal been to a veterinarian? Yes No Approximate date of last veterinary visit:

Clinic name and location:

Has this animal received vaccinations? Yes No Date of most recent rabies vaccination:

If female, has she had a litter? Yes No How many litters? What was the date of the most recent litter?
What did you do with the babies (circle all that apply):
Keep, sell, take to a shelter, give them away, other:

Are you planning on keeping this animal? Yes No Is this animal licensed? Yes No

How did you acquire this pet?
 Adopted from shelter/rescue group Purchased from a pet store - Amount paid? _____
 Found as a stray Purchased from breeder - Amount paid? _____
 Given by stranger (i.e. Outside a store) Purchased from individual (i.e. Newspaper ad) - Amount paid? _____
 Given by friend/family Kept from litter
 Other:

Has the animal been treated for fleas and ticks? Yes No Date of most recent flea and tick treatment:

Are there circumstances that we need to be aware of (ie. Termination of pregnancy, pediatric spay, un-descended testicle, etc.) that would make the procedure more costly or hazardous to the animal? Yes No If yes, please explain:

Note: The GCAO Spay Neuter Transport program cannot pay for any non-surgery related services such as vaccinations or any other treatments or services. Any treatment or service beyond the spay or neuter surgery will be at your expense.

I hereby certify that the information provided in this application is true and correct to the best of my knowledge.

I acknowledge and hereby agree that if my pet is found to have fleas or ticks during the pre-surgery exam, treatment will be administered by the Yakima Humane Society Clinic and I must reimburse those charges at the time I pick-up my pet.

I acknowledge and hereby agree that a current rabies vaccine is required and if I cannot provide proof of a current vaccination, the rabies vaccine will be administered by the Yakima Humane Society Clinic. The cost of the rabies vaccine must accompany this application.

Applicant's signature