



A No Kill shelter

APPLICATION AND ELIGIBILITY VOUCHER FOR LOW-COST SPAY/NEUTER AND RABIES VACCINATION SERVICES (SERVICES) BY THE HUMANE SOCIETY OF MARION COUNTY (HSMC), OCALA SQUARE ANIMAL CLINIC, INC. (OSAC), AND LYDIA ALBANO, DVM, (COLLECTIVELY "THE PROVIDERS").

This application must be truthfully and fully completed, signed by the Applicant named below, and submitted with Proof of Eligibility.

NAME _____ PHONE _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ DL# _____ (Applicant)

PLEASE CHECK THE FOLLOWING PROGRAMS FROM WHOM YOU ARE GETTING BENEFITS OR ASSISTANCE (IF ANY)

FOOD STAMPS __ MEDICAID SECTION 8 HOUSING __ SSI __
WIC __ OTHER IF OTHER PLEASE EXPLAIN

Attach proof of eligibility (Assistance cards or forms, statements etc.)

DO NOT ATTACH ORIGINAL DOCUMENTS.

STATE THE TOTAL NUMBER OF PEOPLE WHO LIVE IN YOUR HOUSEHOLD (INCLUDE YOURSELF) _____.

STATE THE TOTAL INCOME (BEFORE TAXES) OF ALL PEOPLE WHO LIVE WITH YOU IN YOUR HOUSEHOLD ON A _____ MONTHLY, WEEKLY, YEARLY BASIS. (CIRCLE ONE) NOTE: It is against the law to give false statements about your income.

TYPE OF ANIMAL: FEMALE DOG _____ MALE DOG _____
FEMALE CAT _____ MALE CAT _____
ANIMAL'S NAME: _____ BREED/COLOR _____
WEIGHT (APPROX): _____ AGE (approx.): _____



RESTRICTIONS ON SERVICES

NO FEMALE DOGS OVER 75 LBS, NO FERRAL CATS AND NO ANIMALS OVER 7 YEARS OF AGE.

THE ELIGIBILITY OF ANY APPLICANT FOR THE SERVICES WILL BE DETERMINED BY HSMC IN ITS SOLE AND ABSOLUTE DISCRETION.

AS THE APPLICANT, I CERTIFY THAT I AM THE OWNER OF THE ANIMAL DESCRIBED ABOVE. I CONSENT TO THE SPAY / NEUTER AND RABIES VACCINATION OF THAT ANIMAL (SERVICES) AND AGREE TO PAY A CO -PAYMENT OF \$10.00, PRIOR TO THE RENDITION OF THE SERVICES. ANY TREATMENT OR RENDITION OF VETERINARY SERVICES FOR ANY COMPLICATIONS, WHICH MAY RESULT FROM THE SERVICES, WILL BE AT EXPENSE OF THE APPLICANT.

THE ANIMAL MUST BE FREE OF FLEAS AND BATHED THE DAY BEFORE SURGERY.

I GIVE PERMISSION TO HSMC TO CONTACT ANY GOVERNMENTAL AGENCY OR CHARITY, FROM WHOM I RECEIVE BENEFITS, SO THAT IT CAN CHECK THE VERACITY AND ACCURACY OF THE INFORMATION PROVIDED BY ME.

SIGNATURE: _____ DATE: _____

PROVIDERS NON-LIABILITY AGREEMENT

Part of the Service your Animal is undergoing is Spay/Neuter surgery. There are risks involved with this surgery itself. The Services also include the use of anesthesia, other drugs and other procedures. Injury, death, and unforeseen complications can arise as a result of rendition of any of the Services. I waive the right to sue or institute any type of legal action against The Providers, their employees, agents, associates and assistants which may arise as a direct or indirect result of the Services. I understand, acknowledge and assume all risks and accept all responsibility for any occurrence that may result in the death or injury of the Animal, and further affirm that I will not hold The Providers legally responsible for any such injury or death.

I also understand and acknowledge that The Providers may refuse to perform the Services on any Animal for any reason.

SIGNATURE: _____ DATE: _____



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