



DATE: _____ **Fort Kent**
Spay/Neuter Clinic for Low-Income Working Families (\$35,000 or less)

Date: _____ ID #: _____

Cat's Name: _____ Description of Cat: _____

Cat: Male Female Age: _____ DSH DLH

How did you acquire your cat? __stray __friend __shelter __rescue __pet store __hoarder
Was this cat __ male __ female __kitten __adult when you chose it?

DO YOU WISH THE FOLLOWING: Rabies shot Yes No Distemper shot: Yes No
Revolution Plus Yes No Microchip Yes No

PLACEMENT AND DATE OF CLINIC IS CONFIRMED ONLY AFTER PAYMENT OF \$25.00 IS RECEIVED BY HHPR.

OWNER INFO: NAME: _____ PHONE _____

ADDRESS: _____

EMAIL (IMPORTANT FOR MICROCHIP INFO) PRINT _____

I do not hold HALFWAY HOME PET RESCUE, INC., VETERINARIANS, VET TECHS, SHELTER WORKERS/VOLUNTEERS RESPONSIBLE in case the Feline has a Medical/Birth Defect unknown to Spay/Neuter Team (please let Team know if you know of any conditions.)

SIGNED: _____ Date: _____

\$25 payment PER CAT included: _____ cash, money order or bank check

CLINIC PLACEMENT IS NOT CONFIRMED UNTIL CO-PAY IS RECEIVED BY HHPR. A CONFIRMATION LETTER WILL BE SENT TO YOU AFTER PAYMENT.

Admin Only:
Eligibility for this program has been reviewed by Norma Milton.
Approved _____ Denied _____
Payment Received: _____ Date: _____