



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

DO YOU WISH THE FOLLOWING: VET TREATMENT: Rabies shot Yes No

Distemper shot: Yes No Ear Mite clean and treat: Yes No

FROM HHPR: De-worm Yes No De-flea: 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 _____

MICROCHIP \$15 EXTRA CHARGE Yes No

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

\$15 payment PER CAT included: _____ cash, money order or bank check
FOR MICROCHIP

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: _____

MAIL COPAYMENT TO HHPR, PO Box 488 Caribou, ME 04736 | (207) 999-1075
Adoption Center: 489 Main St. Caribou, ME 04736