



Mailing: PO Box 66, Flagstaff, AZ 86002

Shelter: 3501 E. Butler Ave Flagstaff, AZ 86004

Phone: 928-526-1076

Fax: 928-527-9380

Simmerman/Hart Spay and Neuter Assistance Program Application

Please Read:

**** All vouchers are redeemable at the CHA Low Cost Spay & Neuter Wellness Clinic ****

928 526 1076

History:

The Coconino Humane Association provides spay and neuter assistance with support of our veterinary community. This program was established in the 1990's to help fight the overpopulation of cats in our community. With additional grant funding through the Arizona Pet Friendly License Plate Spay and Neuter Fund we have been able to open the program to dogs. We do still provide additional assistance for feral cat populations in the community.

Important information regarding this program: Please initial as you read and understand the following

_____ **IF YOU LOSE YOUR VOUCHER YOU WILL BE REQUIRED TO PURCHASE ANOTHER ONE, IF YOU DO NOT USE YOUR VOUCHER YOU CANNOT OBTAIN A REFUND, ALL VOUCHERS ARE NON TRANSFERABLE. (NO REFUNDS OR REPLACEMENTS)**

_____ This program is intended for people who are experiencing financial difficulties and/or are considered low income households.

_____ Approval of the application is based on a variety of factors and when funds are available, completion of an application does not guarantee approval.

_____ Upon approval of the **low-income/hardship** application the owner will be responsible for \$75.00(felines) & \$100.00 (canines) co-pay based on a sliding scale, for each surgery that will be paid to the Coconino Humane Association at the time they pick up the certificates or at the time of their surgery.

_____ The Coconino Humane Association will the cover the remainder of the cost of the basic spay or neuter procedure.

_____ Additional costs due to unforeseen complications (ex. pregnancy, heat, cryptorchid, etc), pain management, or any recommended medications or vaccinations are the sole responsibility of the owner.

_____ The owner is responsible for making an appointment at CHA Low Cost Spay and Neuter Wellness Center (928) 526 1076 or at Kaibab Veterinary Clinic (928 774 8731) ****You must purchase your voucher prior to making an appointment with the participating veterinarian (Kaibab), or you may be qualified on the day of your surgery at the CHA Low Cost Center.****

_____ If your application is not approved for **low-income/hardship** assistance you have the option to take advantage of the CHA Low Cost Spay and Neuter Wellness Clinic (\$200.00 for felines and \$300.00 for canines). This fee DOES NOT include additional costs due to complications (ex. pregnancy, heat, cryptorchid, etc), pain management or any recommended medications or vaccinations, which are the sole responsibility of the owner.



You must complete entire application in order to be considered.

_____ All applicants must re-apply after October of each year. (old applications will be purged)

_____ These vouchers DO NOT cover vaccines.

_____ The vouchers ONLY cover the cost of anesthesia and the surgery.

_____ Coconino Humane would like you to be aware that there may be additional charges beyond the ones listed on this application. Extra expenses are beyond the control of Coconino Humane Association.

Simmerman/Hart

Spay and Neuter Assistance Program Application

<i>Owner Information</i>		
<i>Owner- Full Name:</i>	<i>Home Phone:</i>	<i>Cell/Msg phone:</i>
<i>Address (Street, City, State, Zip):</i>		<i>How long at current residence?</i>
<i>Mailing address:</i>		<i>Do you OWN or RENT? (Circle)</i>
<i>Employer:</i>	<i>Position:</i>	<i>Length of Employment:</i>
<i>Secondary Owner- Full Name:</i>		<i>Cell/Msg Phone:</i>
<i>Employer:</i>	<i>Position:</i>	<i>Length of Employment:</i>
<i>Are you or any of your dependents eligible for any federal or state benefits? (ex. SSI Wick, ACCHS, Nutrition Assistance, Unemployment, etc.)</i>		<i>Number of Dependents (ages):</i>
<i>Driver's License or State ID #:</i>	<i>Household Income: \$ _____ Per _____ (week,month,year)</i>	

Household Pet Information: This information will be used to ensure that we have appropriate programs in place to help keep pets in their homes

How many dogs and/or cats do you have in your home that are not spayed or neutered?

Dogs _____ Cats _____



Are your pets current on their vaccinations? YES or NO if no, would you be interested in information about local low cost vaccine clinics? YES or NO

Do you currently have enough pet food to last the month? YES or NO
If no, are you in a position to purchase pet food? YES or NO

Have you been forced to give away a pet within the last year due to any of the following reasons (please circle any that apply): Too many animals, litters of puppies or kittens, couldn't afford medical care costs, couldn't afford to purchase pet food, pet had parasites or an illness, behavioral issues. Please describe any other reason that is not listed:

You may use this program for up to 5 animals. Exotic Pets are NOT included (Rabbits, Rats, etc)

Pet Information for Spay or Neuter Assistance

Name:	Sex:	Age:	Dog or Cat?
Description (breed, color, marking, etc.)			
Name:	Sex:	Age:	Dog or Cat?
Description (breed, color, marking, etc.)			
Name:	Sex:	Age:	Dog or Cat?
Description (breed, color, marking, etc.)			
Name:	Sex:	Age:	Dog or Cat?
Description (breed, color, marking, etc.)			
Name:	Sex:	Age:	Dog or Cat?
Description (breed, color, marking, etc.)			

I certify that the above information is honest and true to the best of my knowledge.

Signed _____ Date: _____



PRICES FOR CHA LOW COST SPAY AND NEUTER CLINIC EXTRAS

\$35.00 **Microchip with registration

\$35.00 **Pain Package, (some larger animals, or animals with complications may require this pain package) this is a 3-5 day prescription of pain medication for your animal after surgery. This Rx may be called in to a pharmacy of your choosing if requested, otherwise the RX will be filled at the CCHA pharmacy and sent home with you.

\$20.00 **Elizabethan Collar (for some animals this e-collar may be required) you may choose to purchase one at the CCHA clinic or you may purchase one at a pet supplies store of your choosing.

\$50.00-\$100.00 ** Late term pregnancy (no charge for early term pregnancy) to be determined by the DVM on duty.

\$40.00 **FELV/FIV testing for felines

\$25.00 **Fecal Examination (this may be required if requested by the veterinarian, if your animal has diarrhea.)

\$ to be determined by the medication prescribed. Parasitic control or RX to go home (antibiotics, oral antiparasitic, topical medication) This is a minimum of \$25.00 for any prescription. An amount will be given to you via phone for approval if a health condition that arises that may require an additional RX to go home.

\$75-150.00 **Pre-Op blood work, this may be required if your animal is over the age of 5yrs and/or is showing any health problems during the Pre-Op medical exam. The clinic will contact you if this test is needed. Or you may opt to have the test done prior to surgery by initialing now.

Please note that additional charges may incur if your animal has the following conditions.

\$50.00 **Cryptorchid (retained Testicles)

\$25.00 **removal of Deciduous (baby) teeth at the times of Surgery

\$50.00 **DewClaw Removal and bandage

\$40.00 **Ear Flush/Cleaning with Rx for ear infections (all animals ears will be check and lightly cleaned for no charge, however severe ear infections can require additional flushing.)

\$22.00 **Vaccines needed. Please circle vaccines that are needed for your animal

Rabies Vaccine (this is required if you do not have proof of this vaccine)



DAPP (4 in 1 dog vaccine) Bordetella (Kennel Cough) In FVRCP (feline Vaccine 5 in 1)

These amounts are subject to change if there are any changes you will be contacted via phone. If you do not answer your phone we will proceed with veterinarians recommendation and you will be responsible for any extra cost incurred.

****If your animal is ill and the DVM is suspicious of a disease, the clinic will contact you and advise you to pick up your animal immediately and seek your animals' local veterinarian for treatment. The clinic will offer the following diagnostic test to assist you. However, some of these tests may require an outside lab and results may not be received for a day or so. ****

Parvo Test \$50.00

Distemper Testing \$220.00

HW/ERLICHIA TESTING \$60.00

CBC TEST (In house) \$50.00

Pre-Op Blood Chemistry \$75.00

<i>Kaibab Extra Costs</i>	
<i>Cryptorchid Abdominal</i>	<i>\$30.50</i>
<i>Pregnancy</i>	<i>Cat: \$35.00 Dog:52.00</i>
<i>There will be deposit for making your appointment</i>	<i>\$50.00</i>
These are the weight surcharges as follows:	Over 50lbs: additional \$35 Over 75lbs: additional \$75 Over 100lbs: additional \$125
Kaibab Veterinary Clinic will utilize a catheter with NO fluids with ANY dog that is over 50lbs.	The IV catheter charge with NO fluids is an additional \$28.50.