

# 4PetSake



**Food Pantry Inc.**

PO Box 216, 100 E. Main Street  
Mohawk, New York 13407  
315-796-2584  
pet-sake@hotmail.com

## **Canine (Dog) Spay and Neuter Application:**

You have agreed to have your dog spayed/neutered in conjunction with our Low Cost Spay/Neuter Program.

### **Photo ID required when dropping off your pet.**

Your pet will receive a brief pre-surgical exam, rabies and 1<sup>st</sup> distemper vaccine. **If your pet is up to date with its rabies and/or distemper vaccine, you must bring the certificate(s) with you to your appointment. Costs for treatment or prescriptions unrelated to the spay/neuter procedure will NOT be covered by 4PetSake Food Pantry and will become your responsibility. Should you not be able to keep your appointment, due to a serious matter, you must call the veterinarian's office the day before to let them know you will not be coming. Failure to call or keep your appointment will result in loss of copayment & declined future participation in this program.**

Nonrefundable Copayments: Dogs - (Female) \$115.00 each, (Male) \$95.00 each

- *Conditions such as undescended testicle will may result in an additional fee.*
- *Dogs older than 5 years of age or dogs over 100 pounds result in an additional fee.*

**Complete & return the last page and submit with your proof of income, proof of pet and payment by Money Order to 4PetSake Food Pantry, Inc. We cannot accept payment by check at this time. KEEP this page for your reference. Once your payment, proof of pet and proof of income are received we will contact you.**

- **PROOF OF INCOME MUST INCLUDE DOCUMENTS FOR ALL HOUSEHOLD MEMBERS.**
- Proof of income includes: Social Security Annual 1099 Form for tax year 2024, 1040 Federal Tax Return (first page only for tax year 2024) or if no tax return has been filed then a bank statement is required.
- Proof of income includes: Pensions, social security, SSI, SSD, social services, food stamps, child support, 2024 filed taxes.
- If taxes are not filed, then a bank statement is required.

**FAILURE TO INCLUDE FINANCIALS AND/OR MONEY ORDER WILL HALT PROCESSING OF YOUR APPLICATION!**

**YOU WILL BE CONTACTED BY OUR COORDINATOR REGARDING THE VETERINARY OFFICE YOU WILL BE GOING TO. DO NOT MAKE AN APPOINTMENT BEFORE RECEIVING THIS CALL.**

## **SPAY/NEUTER CLINIC INFORMATION:**

**Your pet must not eat or drink after midnight the night before surgery.**

**The owner of the pet must meet briefly with the surgeon before surgery and show valid photo ID.** If someone other than the owner is picking the pet up, their name must be left at the time of drop off.

If your dog does not have a current rabies vaccination one will administered the day of surgery. If your pet has been vaccinated, a valid rabies certificate signed by a veterinarian must be presented as proof – a tag is not acceptable.

Female dogs should wait 3-4 weeks from their last heat cycle before surgery. If they are in heat surgery will not be performed and will have to be rescheduled. You must notify the Vet to reschedule your appointment should this occur.

Your pet will receive a basic exam before surgery. If the animal is sick the day of surgery, a staff member will contact you and determine if they will proceed with the surgery. If any medical concerns are found it will be noted in the record and you will be notified. These medical conditions will not be treated until discussed with you and an estimate is provided. You will be responsible for the cost should you grant permission to treat.

**➤ Did you include your proof of income, proof of pet and money order ?**

## INCOME GUIDELINES

This program is based on the 2024 Income Guidelines as follows: CIRCLE ONE

FAMILY SIZE	INCOME
1	\$26,951
2	\$36,541
3	\$46,132
4	\$55,722
5	\$65,312
6	\$74,903
7	\$84,493
8	\$94,084

Additionally, the following criteria must be attached to the application:

***Total Income must be provided for the entire household. Proof of income means all income including Pensions, Social Security, SSI, SSD, Social Services, Food stamps, child support, total working income for all family members living in the household.***

- **PROOF OF INCOME MUST INCLUDE DOCUMENTS FOR ALL HOUSEHOLD MEMBERS.**
- Proof of income includes: Social Security Annual 1099 Form for tax year 2024, 1040 Federal Tax Return (first page only for tax year 2024) or if no tax return has been filed then a bank statement is required.
- Proof of income includes: Pensions, social security, SSI, SSD, social services, food stamps, child support.
- If taxes are not filed, then a bank statement is required.

**One Proof of pet ownership must be provided such as: license, rabies cert, medical invoice, adoption paperwork.**

➤ **Did you include your proof of income, proof of pet and money order ?**

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***Low Cost Spay and Neuter Clinic- Surgery Form***

***NO FOOD/WATER AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.***

Date: \_\_\_\_\_

OwnerName: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, I hereby agree that my animal will be spayed/neutered by a certified veterinarian. I understand that with surgery and anesthesia there is a risk of illness and/or fatality. I accept this risk and consent to the surgical procedure for my pet. If additional services are needed the pet owner will be responsible for the cost. I agree to hold harmless and release from liability 4PetSake Food Pantry from any illness or fatality that results from my pet receiving this treatment. To my knowledge my dog is healthy and has not bitten anyone in the past ten days. I must submit proof of rabies vaccination at the time of my appointment, or my pet will receive the mandatory vaccine before surgery. **I also understand and agree that in the event I fail to pick up my pet(s) after surgery, my pet will be kept overnight, requiring you to pay a fee for release.** 4PetSake Food Pantry is not able to board my pet overnight.

Signature of owner: \_\_\_\_\_

**PLEASE COMPLETE & RETURN THIS PAGE – CIRCLE Y –YES, or N –NO**

**1. Dog's name:** \_\_\_\_\_ Vaccines Needed: Rabies Y/N, Distemper Y/N  
Are both Testicles Dropped Y/N

Sex: Male or Female

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Possible Pregnancy: Y/N Uncertain

**2. Dog's name:** \_\_\_\_\_ Vaccines Needed: Rabies Y/N, Distemper Y/N  
Are both Testicles Dropped Y/N

Sex: Male or Female

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Possible Pregnancy: Y/N Uncertain

**3. Dog's name:** \_\_\_\_\_ Vaccines Needed: Rabies Y/N, Distemper Y/N  
Are both Testicles Dropped Y/N

Sex: Male or Female

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Possible Pregnancy: Y/N Uncertain