**Cherokee County Texas Spay Neuter (CCTSN)**

Application #:

CCTSN staff only

 **Application for Free Spay/Neuter**

**THIS IS NOT A VOUCHER FOR A FREE SPAY/NEUTER. IT IS AN APPLICATION TO RECEIVE A VOUCHER! FOLLOW THE INSTRUCTIONS BELOW TO RECEIVE A VOUCHER. VOUCHERS ARE GIVEN AS FUNDS ALLOW. DO NOT TURN THIS APPLICATION IN TO ANY VETERINARIAN.**

**Please return fully completed application and picture ID to the following to receive a voucher for a free spay/neuter:**

CCTSN Date: Click or tap here to enter text.

P.O. Box 2086 Pet Owners Name:Click or tap here to enter text.

Jacksonville Texas 75766 Phone Number: Click or tap here to enter text.

OR scan and email to CCTSN19@gmail.com

OR take a picture and text to 903-284-0140

Address:Click or tap here to enter text.

Are you a resident of Cherokee county? Yes [ ]  No [ ]

 **(must provide/attach picture ID)**

Email Address: Click or tap here to enter text.

Pet’s Name: Click or tap here to enter text. Type: Dog[ ]  Cat[ ]

Breed: Click or tap here to enter text. Age of Pet: Click or tap here to enter text.

Gender: Female [ ]  Male [ ]  If female, is the pet pregnant? Yes [ ]  No [ ]

 \*\*additional costs not covered under the voucher program will be incurred for the pet owner if the pet is pregnant

Does the pet have any medical issues that you are aware of? Yes [ ]  No [ ]

 If yes, please describe: Click or tap here to enter text.

Are you the legal owner of this pet? Yes [ ]  No [ ]

 If no, please give the legal owners name and information: Click or tap here to enter text.

Please read and initial each statement:

[ ]  I understand that I must show proof of rabies vaccination for my animal at the time of spay/neuter. I understand that Dehart Veterinary Services/Our Family Vet will require me to vaccinate my animal for rabies at the time of service and I will be responsible for the fee for this vaccination.

[ ]  I hereby release CCTSN and all volunteers and directors from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccines administer by Dehart Veterinary Services/Our Family Vet. I understand that the operation I have elected presents some hazards and that in jury to or death of an animal may conceivably result.

[ ]  I understand that if further medical treatment is needed post-surgery, I am responsible for all costs of treatment and do not hold CCTSN liable for such.

By signing below, you are stating all of the information you have given is true and accurate.

Signature/Date: