

ANDERSON COUNTY HUMANE SOCIETY'S LOW-COST SPAY/NEUTER PROGRAM

The Anderson County Humane Society (AHS) is a non-profit organization dedicated to the humane treatment of all animals. Our program for low-cost spaying and neutering will help reduce the amount of unwanted dogs and cats, numbering in the thousands, who end up in our county's Animal Shelter. Surgeries are performed for AHS at a reduced fee by participating veterinarians. The fee paid by eligible Anderson County applicants covers only a portion of the cost AHS pays participating veterinarians. The balance is covered by donations from individuals who share the Humane Society's goals.

The conditions of this program are as follows:

All participants must meet one or more of the following financial criteria: Elderly, Disabled, Social Security, Low Income (gross monthly wages per household: 1 person \$1,200; 2 persons \$1,500; 3 persons \$1,800; 4 persons \$2,100; 5 persons \$2,500; 6 persons \$2,800). This information is subject to verification.

Fee Payable to AHS:

Male Dog \$45.00, Female Dog \$50.00, Male Cat 30.00, Female Cat \$40.00.

Minimum age of pet at time of surgery is 6 months

Fee payable to Veterinarian at the time of surgery:

- A. Extra charge for any female dog or cat in heat (\$25.00) or pregnant at the time of surgery (between \$25.00 and \$50.00, depending on length of pregnancy). Extra charge for dogs weighing over 80 lbs.**
- B. If you do not show up for your appointment or if you do not cancel it within at least four working days notice, you will be charged \$20.00 at the time of your new appointment.**

AHS's program includes the surgery, vaccinations (FVRCP & Rabies/cats or DHLPP & Rabies/dogs), one night's hospitalization (if deemed necessary by the veterinarian), and a return visit for stitch removal, if needed. Other charges are the responsibility of the owner and are payable to the veterinary clinic.

Humane Society's Responsibilities:

On receipt of your application and payment, AHS will send you a Spay/Neuter Certificate redeemable during a specified time period for the spaying or neutering of your pet. This certificate will show the name, address, and telephone number of the veterinary clinic where the surgery will be performed.

Your Responsibilities:

When you receive your certificate, you must contact the veterinary clinic listed on the certificate to make an appointment within the authorized time period. At the time of surgery you **MUST**:

1. Give the certificate to the clinic.
2. Provide **WRITTEN PROOF** of current vaccinations your pet might have already had.
3. Pay any additional charges to the clinic for in heat or pregnant animals or missed appointments.
4. The veterinarian will treat your animal for flea and tick infestation **at your expense** if they arrive in a condition harmful to their health.
5. **Pay any additional charges to the clinic for optional services you may choose, i.e.; pre-op blood work, feline leukemia test or vaccine, heartworm test or prevention, extra pain killers, IV fluids, etc.**

Cats must be confined in a carrier upon arrival at the clinic for surgery. The Veterinarian reserves the right to postpone surgery if the animal is not healthy enough to undergo the surgery.

Participation in this program is strictly voluntary. AHS assumes no risk for the health of your pet or for the outcome of the surgery. **NO REFUNDS WILL BE ISSUED FOR UNUSED OR EXPIRED CERTIFICATES.** AHS reserves the right to modify or cancel this program at any time. **Please note that we at AHS will try our best to send you and your animal to a veterinarian close to your home. However, this is not always possible and you may have to travel up to approximately 35 miles one way.**

For questions concerning this program call AHS at (864) 225-9855.

Complete the enclosed application for each animal and mail it with your check or money order to:

Anderson County Humane Society

P. O. Box 2262

Anderson SC 29622

ANDERSON COUNTY HUMANE SOCIETY

P.O. Box 2262
Anderson, SC 29622
Telephone: (864) 225-9855

Dear Applicant:

As requested, here is your application to have your animal spayed or neutered by a participating veterinarian through our subsidized spay/neuter program. Also enclosed is an information sheet.

Please remember that funds for our subsidized spay/neuter program come from membership dues and donations. Therefore, our budget is very limited and, as stated in the attached information sheet, it only allows us to assist Anderson County residents who are elderly, disabled, on social security, or have a very low income.

To accommodate needy residents, participating veterinarians have agreed to perform the necessary procedures at a reduced cost. Therefore, please evaluate your financial situation carefully before completing the application. Please do not jeopardize the program and our relationship with the participating veterinarians by applying although you might not qualify financially. There are many Anderson County residents whose pets could not be spayed or neutered if it were not for our program and our wonderful veterinarians. Please do not abuse this program but help keep it alive for those who really need it.

If you are not sure you qualify or you have a special circumstance, please call us at 225-9855 to see if we can help you.

----- PLEASE DETACH -----

AHS Subsidized Spay/Neuter Program Application

Owner's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Your current veterinarian or clinic: _____

Male Dog - \$45/Female Dog - \$50

Male Cat - \$30/ Female Cat - \$40

(ADDITIONAL CHARGE PAYABLE TO VETERINARIAN FOR DOGS WEIGHING OVER 80 lbs. PLEASE CHECK WITH VETERINARIAN WHEN MAKING APPOINTMENT.)

Dog # 1 – Breed: _____ Cat # 1 – Breed: _____

Dog # 1 – Sex ____ (M/F) Age: _____ Weight: _____ Cat # 1 – Sex: ____ (M/F) Age: _____

Dog # 2 – Breed: _____ Cat # 2 – Breed: _____

Dog # 2 – Sex ____ (M/F) Age: _____ Weight: _____ Cat # 2 – Sex: ____ (M/F) Age: _____

Enclosed is my check/money order for the required fee. I understand the conditions of this program. I assume and accept all risks and responsibilities for myself and my pet. My signature verifies that I meet your financial requirements as stated on the information sheet attached to this application.

Signature: _____ Date: _____