

## Instructions:

The Prevent Homeless Pets (PHP) clinic in Benton City, WA is open to qualified low income families, and to caretakers of stray and feral cats (Stray/feral caretakers do not need to meet the income guidelines). PAWS provides transportation to the clinic several times a month from Pendleton and Hermiston.

### Income Guidelines:

PHP Spay/Neuter clinic uses the current WIC income guidelines, copied below (Income at or below income listed **BEFORE TAXES**). **OR**, you are eligible if you receive any of the state/federal services listed on page 1 (PHP application):

Household Size	Weekly income	Bi-weekly income	Monthly income	Annual income
1	<b>\$445</b>	<b>\$889</b>	<b>\$1,926</b>	<b>\$23,107</b>
2	<b>602</b>	<b>1,204</b>	<b>2,607</b>	<b>31,284</b>
3	<b>759</b>	<b>1,518</b>	<b>3,289</b>	<b>39,461</b>
4	<b>917</b>	<b>1,833</b>	<b>3,970</b>	<b>47,638</b>
5	<b>1,074</b>	<b>2,147</b>	<b>4,652</b>	<b>55,815</b>
6	<b>1,231</b>	<b>2,462</b>	<b>5,333</b>	<b>63,992</b>
7	<b>1,388</b>	<b>2,776</b>	<b>6,015</b>	<b>72,169</b>
8	<b>1,546</b>	<b>3,091</b>	<b>6,696</b>	<b>80,346</b>
Each Additional:	<b>+158</b>	<b>+315</b>	<b>+682</b>	<b>+8,177</b>

### CLINIC COST:

#### **CATS:**

**Female pet cat:** \$45.00 (includes combo vaccine and transport) plus \$10 for rabies (**\$55 total**)

**Male pet cat:** \$35.00 (includes combo vaccine and transport) plus \$10 for rabies (**\$45 total**)

**FERAL (Wild) cat**, in carrier or trap: \$35.00 (includes all shots and transport). Feral cats will get ear tipped.

**STRAY (unowned tame) cats** may be done at feral rates and ear tipped or as pets at full rate.

#### **DOGS:**

Male or Female under 25 pounds: \$60.00 PLUS \$10 for Rabies and \$5 for combo shot if needed. (\$75.00 total)

Male or Female 25-49 pounds: \$75.00 PLUS \$10 for Rabies and \$5 for combo shot if needed. (\$90.00 total)

Male or Female 50-69 pounds: \$85.00 PLUS \$10 for Rabies and \$5 for combo shot if needed. (\$100.00 total)

Male or Female 70-90 pounds: \$95.00 PLUS \$10 for Rabies and \$5 for combo shot if needed. (\$110.00 total)

### How to fill out the forms (FORMS NEED TO BE RETURNED AT LEAST ONE WEEK BEFORE YOUR SCHEDULED CLINIC):

**Page 1:** Prevent Homeless Pets Spay Neuter Clinic Application. Completely fill this application out and submit with the remaining forms. Be sure to **SIGN and DATE** the form.

**Page 2:** PHP Surgical Release form. Only fill out the section at the top (Name, Phone, Address through to the Occupation line). **DO NOT** fill out the animal info section, we will complete that. Read the release, and **SIGN and DATE** the form.

**Page 3:** PHP Animal Information. Completely fill out this form. If you have several animals, make a column for each animal, or use a separate form for each animal.

**Please call PAWS at 541-276-0181 if you need help filling out the forms. Once completed, drop off at PAWS or mail to: PAWS 517 SE 3<sup>rd</sup> St, Pendleton, OR 97801. Please include a check or money order made out to PAWS if mailing. You can pay with a credit card in person at PAWS.**

# Prevent Homeless Pets



## Spay & Neuter Clinic

PHP provides low cost spays and neuters for both dogs and cats. Our service is limited to two designated groups.

**Group 1:** Rescues, Shelters, and Caregivers. Caregivers are persons who provide food and water for feral/stray animals living in a colony (group).

**Group 2:** Pets of "low-income" households.

If you believe your household would qualify as a "low-income" household please fill out this application and submit the completed form to our offices or email it to us at the email address listed below. Information will be verified.

Appointments will be scheduled AFTER your application has been approved.

Prevent Homeless Pets (PHP)  
Benton City, WA

A 501c(3) nonprofit

All of the following information is required unless otherwise specified.

Print Your Name

Print Your Street Address

City

State

Zip

Your Phone Number

Your Cell Number

Print Your Email Address

How many people are currently living in your household? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Total household income - monthly or annually; indicate which

Please check any assistance you or **anyone currently living in your home** is receiving.  
(Information will be verified)

- |  |   |
|--|---|
| <input type="checkbox"/> Food Stamps       | <input type="checkbox"/> Section 8 Assistance   |
| <input type="checkbox"/> TANF              | <input type="checkbox"/> Major VA Disability    |
| <input type="checkbox"/> WIC               | <input type="checkbox"/> Subsidized Housing     |
| <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> SSD/SSI           |   |

Do you have reliable transportation to get to and from your veterinary appointment? ☐ Yes ☐ No  
Do you currently, or have you in the past 5 years visited a local veterinarian? ☐ Yes ☐ No  
If yes, what is the name of the veterinarian clinic? \_\_\_\_\_

Please check the information that applies to your pet(s). One line per pet.

☐ Dog ☐ Spay (female) ☐ Neuter (male) Age: \_\_\_\_\_ Approximate weight of the animal: \_\_\_\_\_

☐ Dog ☐ Spay (female) ☐ Neuter (male) Age: \_\_\_\_\_ Approximate weight of the animal: \_\_\_\_\_

☐ Cat ☐ Spay (female) ☐ Neuter (male) Age: \_\_\_\_\_

☐ Cat ☐ Spay (female) ☐ Neuter (male) Age: \_\_\_\_\_

## Release of Authorization

I certify all statements made in this application are true, complete, and correct to the best of my knowledge, and that any **misrepresentation or omission** shall be considered sufficient cause for **disqualification** of assistance.

I authorize your agency to contact any sources necessary to establish accuracy of the information given by me. I also certify that the pet(s) receiving surgery is/are my own and I am the legal owner of the animal(s).

I understand that completing this application does not guarantee my pet will be provided assistance through this program and participation is at the discretion and approval of Prevent Homeless Pets.

Signature

Date

## Surgical Release Form

**Prevent Homeless Pets (PHP) is a non-profit 501 (C 3) agency. Donations are tax deductible**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
 Address \_\_\_\_\_ Cash \_\_\_\_\_  
 E-mail \_\_\_\_\_ Credit/Debit \_\_\_\_\_  
 Gender & age of person feeding cat: Male / Female Age \_\_\_\_\_ Check # \_\_\_\_\_  
 Occupation \_\_\_\_\_ Is this person on financial assistance? YES / NO

Use one line per animal				Cats Only					
Office Use ↓	Description of animal—Dog or Cat, Breed, color, pets name, etc.	Age K/P/A	Sex M/F	Feral ET ✓	Tame NET ✓	Felv/FIV Test ✓	FVRCP Da2Pv	Rabies ✓	Micro- chip
				<b>✓ Check mark each box that applies</b>					

- I, acting as owner or agent of the animal(s) named above, certify that I have the authority to authorize surgery and hereby request and authorize Prevent Homeless Pets (PHP), through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal(s) named on the above portion of this form.
- I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.
- I understand PHP strongly recommends vaccination before surgery. I either certify that my animal has been vaccinated within one year prior to this date, or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with the performance of this operation due to such failure. I understand that if my pet develops vaccine-preventable disease after surgery, I am responsible for treatment at my own cost.
- I understand that PHP may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork, and waive my right to have this service performed prior to surgery at a full-service veterinarian.
- I understand that **if my animal becomes ill after surgery** that I am responsible for the cost of treatment. I understand that PHP has a veterinarian available for follow-up only during limited hours and should my animal require care outside of those hours I will need to seek another full service veterinarian or emergency service at my expense.
- I understand that if my animal is pregnant, the pregnancy will be terminated at surgery. I agree that each animal spayed/neutered will have one ear tipped or be tattooed on the abdomen to permanently identify altered status. I acknowledge that once released, some cats may not return.
- I agree to pick up the animal(s) following surgery as directed. I understand that if I fail to pick up the animal(s) as directed, the animal(s) may be declared abandoned and will be handled as such.
- I agree to hold harmless and indemnify PHP, its agents, officers, employees and/or volunteers from any losses, injuries and damages to myself and/or to the animal(s) arising out of, or in any way connected to, the services requested herein. This includes, but not limited to, trapping, transport, treatment, sedation, blood draws, vaccinations, surgery, recovery and release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PHP Animal Information

Your Name: \_\_\_\_\_

**Pets will be transported by PAWS to Prevent Homeless Pets, a spay/neuter clinic in Benton City, Washington (just past Tri-Cities).**

### Animal's information

Animal's name: \_\_\_\_\_

Dog or Cat? \_\_\_\_\_

Male or Female or Unknown? \_\_\_\_\_

Approximate age: \_\_\_\_\_

Color/markings: \_\_\_\_\_

For dogs, Breed? \_\_\_\_\_

Length of hair (short/medium/long): \_\_\_\_\_

Do they need the rabies vaccine? \_\_\_\_\_

Do they need the combination vaccine? \_\_\_\_\_

(usually given yearly in adults, includes distemper for cats and parvo for dogs)

Are you requesting a microchip (\$15 extra)? \_\_\_\_\_

Will you be bringing a crate (hard sided) that your animal can ride in? \_\_\_\_\_

(The crate needs to be large enough for your animal to lie down comfortably. PAWS can provide a crate if needed.)

### CATS only:

If they find fleas, would you like the clinic to treat for fleas?(no extra charge) \_\_\_\_\_

Tame or Wild? \_\_\_\_\_

Ear tipped (yes/no)? \_\_\_\_\_ (feral/wild cats get ear tipped, pet cats only if requested to receive the lower feral price)