ONSLOW COUNTY PARTNERS FOR ANIMAL WELFARE APPLICATION FOR SPAY/NEUTER CERTIFICATE [www.oc-paw.com](http://www.oc-paw.com/)          follow us on Facebook These vouchers are intended for families who need assistance getting their companion animals spayed or neutered**. Some veterinarians accept this voucher as payment in full for the surgical procedure only & additional costs do apply.  Please know what the total charge is going to be for your animal before making the appointment.**Ask if the voucher is accepted in full for the surgical procedure only or if the $80.00 is just deducted from their total invoice. The vouchers are valued at **$80.00**and the cost to you is $39.99 (Payment can be made by credit card or PayPal on ) Your application can also be dropped off at (910 327 2342) 1056 210 in Sneads Ferry**is cash only at this location**. You can also return your application to the following address P.O. Box 745, Sneads Ferry NC 28460, or email us at ocpaw@yahoo.com. If approved you will be notified to pick up your Spay/Neuter certificate at only, or mailed directly to you. You will need ID and proof of residence of Onslow County. **HOW DID YOU HEAR ABOUT THIS PROGRAM?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If using Fix A Friend or Cape Fear Clinic the vouchers are less cost to you. Call 910.745.7930** Name:                                                                                                                                                 Address:                                                                      City:                                                                                       Zip

Own         
Rent          House              Condo           Apt             Trailer\_\_\_\_\_\_\_

Phone number:                                                                                                                                        Email:                                                                                                                                                                           Name of animal:

Breed:                                                                                        Sex:                                                                                                     Color:             Age:

Veterinarian:

Is your pet pregnant?             Is your pet nursing a litter?

Certificates are issued with an expiration date of **90**days. Please schedule your appointment before the expiration date.  Once a certificate expires you must re-apply.

Is your pet on medication?

Your pet must be up to date on Rabies and all vaccinations bring your rabies certificate and proof of vaccinations to your appointment. If they are not the veterinarian will administer them for an additional charge not covered by this voucher.

***IMPORTANT PLEASE READ AND INITIAL***

*I hereby agree to release, indemnify and hold harmless Onslow County Partners for Animal Welfare, Inc. from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions which may arise during the surgical sterilization of my pet.*

*Furthermore Onslow County Partners for Animal Welfare, Inc. will not be held liable for any additional charges related to the spay/neuter procedure. I understand that many veterinarians require specific vaccinations prior to sterilization and I will be responsible for compliance with these requirements.*

*Complications during or following the surgery, due to undiagnosed conditions is the responsibility of the pet owner.*

*the veterinarian has discretion on whether or not he/she will sterilize the animal. If the animal is too sick or has other medical problems, the veterinarian can decline to perform the surgery.*

*There may be additional charges for non-routine surgery, which would include a pregnant or in estrus cycle (heat), infections, undescended testicles, false pregnancy, obesity or females that have had previous litters. Costs for anesthesia, pain meds, collars etc. as per your agreement with the veterinarian clinic you choose.*

*Signature:                                                                                             Date:*

Certificate #