

Colville Pet Rescue

Spay/Neuter Application Form – THIS IS NOT A VOUCHER. THIS FORM MUST BE RETURNED TO THE ADDRESS BELOW AND WE WILL CONTACT YOU TO ISSUE A VOUCHER. DO NOT TAKE THIS TO THE VETERINARIAN.

Name of Pet Owner Applicant (Please Print: First - Last) Home Phone Email

ADDRESS CITY STATE ZIP

NAME OF DOG Cell Number

WEIGHT OF DOG
_____ LBS

PLEASE NOTE!!! IT IS CRITICAL THAT WE HAVE A CORRECT WEIGHT OF THE DOG. THIS IS DUE TO OUR GRANT LIMITATIONS. (PLEASE WEIGH THE DOG.) IF THE ACTUAL WEIGHT IS OVER THE AMOUNT SHOWN ON THE VOUCHER (AT THE TIME THE DOG IS WEIGHED AT THE VETERINARY OFFICE) YOU WILL BE RESPONSIBLE FOR THE AMOUNT THAT IT IS OVER. NO EXCEPTIONS. PLEASE WEIGH THE DOG.

M / F _____
Sex of Dog Breed Coat Color Age

Y / N _____
Pregnant Micro Chip# Tattoo

Other ID City/County License # Exp. Date

Amount you can contribute, if any _____
(Note: A contribution is not a requirement to receive a voucher.)

I hereby apply to Colville Pet Rescue to spay/neuter my dog. I understand that Colville Pet Rescue cannot be held liable for any damages incurred during or after this process. I understand that no other procedure is to be done during the time of the spaying or neutering and that a Licensed Veterinarian will be chosen by Colville Pet Rescue at little to no cost for this procedure. If in the event other complications arise during the procedure I may be held responsible for those additional costs.

I certify that the above information is correct to the best of my knowledge.

Signed Date

Space for additional dogs on reverse side.

**Please mail to:
Colville Pet Rescue
C/O Thomas
1071 Bear Creek Road
Colville WA 99114**

Certificate Number(s) Issued: _____
R051508

LBS.

NAME OF DOG _____ WEIGHT OF DOG ((BE SURE THIS IS CORRECT)) _____

M / F _____

Sex of Dog **Breed** _____ **Coat Color** _____ **Age** _____

Y / N _____

Pregnant **Micro Chip#** _____ **Tattoo** _____

Other ID _____ **City/County License #** _____ **Exp. Date** _____

LBS.

NAME OF DOG _____ WEIGHT OF DOG ((BE SURE THIS IS CORRECT)) _____

M / F _____

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