

Cortland Community SPCA
 879 McLean Rd. Cortland, NY 13045
 Shelter Office: 753-9386 Fax: 753-1362

Incomplete Forms will NOT be processed
 Feel free to use back of form to supply additional information

Cortland Community Spay/Neuter Clinic Registration Form

Owner Information

Name:		Cell Phone:	
Email:	Home Phone:	Work Phone:	
Current Address:			
Town:	County:	Zip Code:	

Animal Information

Pet Name	Dog Breed:				Dog	Male	Female
	Cat: long hair	short hair	Siamese	Manx (no tail)			
Age	Color	Dog Weight		How long have you had pet?			

How did you acquire your pet?

Has your pet ever had a litter? Yes No If so, how many times? Is your pet in heat? Yes No

Please explain any medical info we need to know:

Rabies Vaccination – Current: yes or no? Distemper Vaccination – Current: yes or no?

Please explain any behavior info we need to know:

Emergency Contact

In case of emergency, how may we best reach you?

Things you Need to Know

-The CCSPCA reserves the right to refuse service or reschedule appointments on an as needed basis.

What YOU are responsible for:

- Payment is to be made in full at the time of animal pickup. No exceptions. _____ (initial here)
- Clients PLEASE GIVE 72 Hours Notice for cancellation or change of appointment.

Clinic Fees

Out of County Clients are scheduled on an availability basis with an additional \$25.00 charge per family.
 \$15.00 charge for dogs weighing 65-80 pounds or \$25.00 for 81-95 pounds. Maximum weight limit for dogs is 95 pounds.
 \$15.00 charge for pregnant females or females that are in heat at the time of surgery.
 Rabies and distemper vaccinations are \$15.00 each. If Rabies vaccinations are not current, vaccinations will be given and you will be responsible for payment. Distemper vaccinations are optional.
 Ivermectin is \$5.00 (for ear mites)
 Advantage will be given upon request or if fleas are found on your animal. \$10.00 for dogs or \$5.00 for cats.

MALE CAT \$50.00	MALE DOG \$100.00	Prices are subject to change without notice.
FEMALE CAT \$75.00	FEMALE DOG \$125.00	

Signature of Applicant:	Date:
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