

SPAY / NEUTER APPLICATION

Juneau Animal Rescue

&

Southeast Alaska Animal Medical Center

In partnership together to help manage animal overpopulation in our community.



DATE: _____ ANIMAL'S NAME: _____ CAT / DOG MALE / FEMALE

YOUR NAME: _____

ADDRESS: _____ City: _____ Zip: _____

PHONE NUMBER: (H) _____ (W) _____ Cell: _____

1. Animal's Age: _____ Breed: _____
2. Where did you get this animal? _____
3. How did you hear about this offer? _____
4. How many litters has this animal sired or produced? _____
5. Is your pet current on its vaccinations? YES (which ones – use back) NO
6. Do you have any other pets in your home? YES* NO (*If YES, please list ALL pets in your home below.)

NAME	SPAYED/NEUTERED	CAT/DOG/OTHER	LICENSE # (Dogs only)

VERIFIED LIQ BY:	
<input type="checkbox"/> Last 2 paystubs	<input type="checkbox"/> Medicaid-S.N.A.P. - W.I.C. - T.A.N.I.F. - A.T.A.P. - Tlingit-Haida
<input type="checkbox"/> Last 2 unemployment check stubs	<input type="checkbox"/> Last year's income tax return
<input type="checkbox"/> Other	

PAYMENT MUST BE RECEIVED BEFORE YOUR PET'S SURGERY WILL BE SCHEDULED

*If you include your credit card information, we will charge your card & schedule surgery as soon as possible.
Your credit card information will be shredded after it is processed.

CREDIT CARD INFORMATION:

Cardholder Name			
Card Number	Type of Credit Card (circle one)	VISA MC DISCOVER	
Expiration Date	3 digit code on back of card		
Billing Address	City	State	Zip
Cardholder Signature**			Date

***I hereby authorize the Juneau Animal Rescue to charge the credit card listed above in an amount to be determined according to the needs of my animal as determined by Southeast Alaska Animal Medical Center or the JAR clinic and the fee schedule listed on page 2 & page 5.
 Charges made to my credit card are payment for services provided by the Southeast Alaska Animal Medical Center or Juneau Animal Rescue.
 By signing above, I acknowledge that I am an authorized signatory for the above referenced credit card.
 Payment can also be made over the phone at (907) 789-0260 or by check made payable to JAR.*

Dear Pet Owner,

Thank you for making the responsible decision to spay or neuter your pet. Juneau Animal Rescue has entered into a partnership with Southeast Alaska Animal Medical Center to facilitate Spaying and Neutering of public animals in our community. Low income qualified payments and income verification is done at JAR, and surgeries are done at Southeast Alaska Animal Medical Center, just down the street. Regular price spay and neuters can be paid for and scheduled directly through Southeast Alaska Animal Medical Center. Please present your discount coupon with your paperwork at Southeast Alaska Animal Medical Center.

Please answer all of the questions on all forms. After you have completed all the paperwork and returned it to the Juneau Animal Rescue, a veterinary clinic staff member will contact you to schedule your pet's surgery. **In order to receive the Low Income Qualified Price, you must provide income verification documentation when you drop off your application at Juneau Animal Rescue. (*See Below)**

Southeast Alaska Animal Medical Center has entered into a partnership with Juneau Animal Rescue to provide low cost spay and neuter surgeries for individuals who meet nationally set low income criteria for the State of Alaska. Individuals who do not meet these criteria will pay the regular price for surgeries. A discount coupon will be given to individuals paying regular price who are referred through the Juneau Animal Rescue. Low cost prices are listed below. Call Southeast Alaska Animal Medical Center at 789-7551 for a regular price quote

Surgical Service	Low Income Qualified Price	Regular Price
Neuter	\$95.00	Call 789-7551 for quote
Spay	\$150.00	Call 789-7551 for quote
Vaccinations	\$25	Call 789-7551 for quote

Consult the following chart to see if you qualify for the low income price.

2018 LOW INCOME GUIDELINES FOR ALASKA		
Persons in family/household	Low Income Guideline (Yearly)	Low Income Guideline (Monthly)
1	\$15,180	\$1,265
2	\$20,580	\$1,715
3	\$25,980	\$2,165
4	\$31,380	\$2,615
5	\$36,780	\$3,065
6	\$42,180	\$3,515
7	\$47,580	\$3,965
8	\$52,980	\$4,415
For families/households with more than 8 persons, add \$5,400 for each additional person.		

Check here if you **DO** qualify for the low income price.*

(*Please bring verification documentation with you when you drop off your form at JAR. A staff member will review your documentation and return your documents. To ensure the security of your information, no copies of any income verification documentation will be kept by the Juneau Animal Rescue or Southeast Alaska Animal Medical Center.)

Verification of low income status must be established by providing copies of ONE of the following:

- Last 2 paystubs
- Last 2 unemployment check stubs
- Any federal or state public assistance program card valid within the last 6 months.
(i.e. Medicaid, S.N.A.P., W.I.C., etc.)
- Last year's income tax return

NOTE: Prices are based on regular surgical protocols.

There may be additional charges for any treatments complications/treatments including but not limited to the following:

- Animal needs rabies vaccination
- Animal is obese or in heat
- Animal has undescended testicles.
- Additional pain medication or anesthesia is needed for the comfort of the animal.
- Animal needs treatment for fleas, ear mites, or to be dewormed.
- Needs an E-Collar (licking or chewing its incision)

***Any extra costs must be paid for when you pick up your pet.**

To the extent possible, we will discuss any additional charges with you prior to surgery.

All dogs must be currently licensed in order to be spayed or neutered via this arrangement between JAR and SEAAMC. If your dog is not currently licensed, a license can be purchased at JAR or by cash or check at SEAAMC at the time payment is made for surgery. A current rabies vaccination is required for licensing.

SOUTHEAST ALASKA ANIMAL MEDICAL CENTER
 8231 Glacier Hwy. Juneau, Alaska 99801

SURGERIES MUST BE PAID IN FULL BEFORE THEY WILL BE SCHEDULED

ANY ADDITIONAL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Responsible party must be at least 19 years of age.

Date: _____	Tax Exempt? N___ Y___ Tax # _____
Owner Name: _____	Owner Name: _____
DOB: _____	DOB: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Residence: _____	Residence: _____
Home Telephone: _____	Home Telephone: _____
Cell Phone: _____	Cell Phone: _____
Work Telephone: _____	Work Telephone: _____
Place of Employment: _____	Place of Employment: _____
_____	_____

In case of emergency, please call _____ at Telephone # _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and free of free of internal and external parasites.

I authorize the provision of vaccines and parasite control as needed for my pet/s.

Signature of owner/s (or responsible party) _____

PETS NAME	BREED	COLOR	SEX	ALTERED	DOB
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Instructions for Spay/Neuter Surgery Candidates

Juneau Animal Rescue has entered into a partnership with Southeast Alaska Animal Medical Center to facilitate Spaying and Neutering of public animals in our community. Payments and income verification are done at JAR, and surgeries are done at Southeast Alaska Animal Medical Center, just down the street.

Payment and Paperwork

The appropriate forms must be filled out and payment must be received IN FULL at the Juneau Animal Rescue BEFORE low cost surgeries will be scheduled and performed. There will be no refunds if your pet does not show for surgery without 48 hours notice.

Night Before Surgery:

- **Pets cannot be fed before surgery.**
- **NO FOOD & NO TREATS AFTER 9:00 P.M. the night before, or the morning of surgery.**
- **WATER IS OK until 6:00 A.M. on the day of surgery.**

Day of Surgery:

- **Drop-off & pick-up animals at Southeast Alaska Animal Medical Center, NOT at the Juneau Animal Rescue.**
- **Drop-Off and Pick-Up will be the SAME DAY as your pet's surgery.**
- **Drop-off your pet between 6:30AM – 8:00AM and pick-up between 3:00PM - 5:00PM.***
(A clinic staff member will schedule a pick-up appointment with you upon drop off.)

To ensure the safety of your pet, cats need to be in a cat carrier when they enter Southeast Alaska Animal Medical Center. If you need a carrier, JAR & SEAAMC have cardboard carriers available for purchase. Dogs need to be on a non-retractable leash.

Your pet will go home with after surgery care instructions, a spay/neuter certificate, and a vaccination certificate (if applicable).

On rare occasions, animals will stay overnight if medically necessary. You will be notified if this need arises.

I have read and understand the above instructions.

Signature: _____ Date: _____

Consent Form

SEAAMC/JAR

Client Patient Weight Phone Number(s) 8:00am-4:00pm

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I understand that there are risks associated with the use of any medication.

I authorize the veterinarians and staff of Southeast Alaska Animal Center and Juneau Animal Rescue to perform anesthesia and _____ procedure(s) on my pet.

Was an estimate given: Yes No If no, please provide a phone # where we can reach you. _____

Owner Signature/Responsible Party Date Time that my pet last ate: _____

Please note any additional services that you would like us to perform while your pet is anesthetized:

- | | | |
|---|------------------|---|
| <input type="checkbox"/> Vaccines | \$20 - \$25 each | <input type="checkbox"/> Remove Growths - Varies (request estimate) |
| *All pets must be current on vaccines | | |
| <input type="checkbox"/> Fecal Exam (for parasites) | \$26 | <input type="checkbox"/> Clean Teeth - Varies (request estimate) |
| <input type="checkbox"/> Clean Ears | \$29-\$58 | *If extractions are needed, we will |
| <input type="checkbox"/> Express Anal Sacs | \$26 | phone you at the above number. |
| <input type="checkbox"/> Trim Nails | No Charge | |
| <input type="checkbox"/> Microchip | \$60 | <input type="checkbox"/> E Collar \$12 - \$20.80 |

Bloodwork available:

Preanesthetic Screen #1

Healthy pets younger than 2 years

\$65.00

TP/PCV
 Glucose
 ALT
 Creatinine

Initial _____

Preanesthetic Screen #2

Healthy pets up to 7 years

\$85.00

Complete Blood Count
 BUN
 TP/PCV
 Glucose
 ALKP
 ALT
 Creatinine
 Sodium
 Potassium
 Chloride

Initial _____

Full Health Profile/CBC/T4

Pets 7 years or older with health concerns

\$140.00

Complete Blood Count
 BUN
 Creatinine
 Phosphorus
 ALKP
 ALT
 Globulin
 Albumin
 Cholesterol
 ALB
 Lipase
 GGT

Glucose
 Chloride
 Potassium
 TP/PCV
 Total T4
 Total Bilirubin
 Amylase
 Sodium
 Calcium
 ALB/GLOB
 BUN/CREA

Initial _____

Or Decline Bloodwork Initial _____