



Animal Guardians of Brevard, Inc.

“For the Love of Animals”

PET STERILIZATION PROGRAM AND CLINIC

Animal Guardians provides low-cost spay / neuter and financial aid to eligible individuals for sterilizing companion animals at a clinic or veterinarian of our choice.

Please complete and sign the registration/application form and return it to:

Animal Guardians of Brevard
981 E. Eau Gallie Blvd., Ste. E, PMB #102
Melbourne, FL. 32937

Phone: 321-759-2999
Email: info@animalguardiansofbrevard.org
Website: www.AnimalGuardiansofBrevard.org

INSTRUCTIONS, REQUIREMENTS, AND CONDITIONS

PLEASE FOLLOW THESE INSTRUCTIONS UNLESS ANIMAL GUARDIANS (AG) TELLS YOU A DIFFERENT ARRANGEMENT IS TO BE MADE.

1. Call AG to inform us you wish to make an appointment and tell us if you are applying for financial assistance.
2. Complete, sign, and return the registration/application to AG by email or regular mail. ALL QUESTIONS MUST BE ANSWERED TO RECEIVE FINANCIAL AID.
3. AG will determine which clinic will do the surgery and either schedule the appointment for you, or give you the necessary information to schedule it yourself.
4. If *you* make the appointment, you must:
Call AG as soon as surgery is scheduled, and let us know the date and time.
If you have been offered financial assistance, please tell the clinic that your animal is being sterilized through the Animal Guardians Spay / Neuter Program.
Your pet must stop eating, and possibly drinking, the night before surgery. Be sure to get complete pre-operative instructions from the clinic when you make the appointment.
5. You will have to transport your pet to and from the clinic or veterinarian's office in a *sturdy pet carrier (cats) or on a leash (dogs)*, and get to your appointment *on time*.
6. Please bring these instructions with you.
7. *You are responsible for any and all costs that may be incurred in addition to the spay or neuter.* This could include rabies shots (required unless you can show a current rabies certificate), tests, medications, and other treatments the clinic may deem necessary. *Payment will be due when you drop off or pick up your animal after surgery, depending on the clinic.* AG will make arrangements for payment of our portion of the bill.
8. PLEASE, call AG and let us know when surgery has been completed.
9. Also, ***PLEASE call AG if an appointment is cancelled or changed.*** Failing to notify us takes a slot from someone else and jeopardizes the program for everyone. We may not assist you if you do not contact us after setting up or changing an appointment.

PLEASE KEEP THIS PAGE OF INSTRUCTIONS AND INFORMATION.

ANIMAL GUARDIANS REGISTRATION / APPLICATION FOR PET STERILIZATION

Sterilization is performed through the cooperation of local veterinarians and clinics. Your pet must be up to date with his/her rabies shot. The certificate is required. If not, a rabies shot must be administered at your expense. Dogs may require a heartworm test. Other services deemed necessary by the clinic may be incurred at your expense. This program provides financial aid to eligible individuals for the cost of sterilizing companion animals, Assistance is based upon individual need and available funds. All information is strictly confidential. **ALL QUESTIONS INCLUDING** MUST BE ANSWERED TO BE CONSIDERED FOR FINANCIAL AID.**

Pet Guardian's Name _____ Email Address _____

Phone # (home) _____ (work) _____ (cell) _____

Address _____ City _____ State _____ Zip Code _____

Pet's Name _____ Cat / Dog M / F Age _____ Weight _____ Last Rabies shot _____

Pregnant? _____ Date of last litter _____ Where did you get this pet? _____
Check here _____ if you have additional pets to sterilize, and list them on the other side of this page.

Name of veterinarian _____ Vet's phone number _____

How many other pets do you have? Cats _____ Dogs _____ Are they sterilized? _____

Will you be able to arrange transportation for your pet to get to the clinic or vet in the early morning and back home in the afternoon? _____

How did you find out about this program? _____

**What is the total yearly income of your household? \$ _____

**How many adults in your family? _____ How many children? _____

**Check any that describe your situation:

_____ My only income is social security _____ I am disabled on SSDI

_____ I receive SSI or food stamps _____ I am on Medicaid

_____ I am unemployed _____ Other (describe) _____

**How much are you able to contribute toward sterilization \$ _____

**PLEASE NOTE:
** YOU MUST
ANSWER THESE
QUESTIONS IF
APPLYING FOR
FINANCIAL AID.**

I agree to try and provide a life-long, safe, loving home for my pet. This includes exploring any and all remedies for problems and searching out every safe alternative before ever relinquishing the pet to a shelter. I agree to never abandon my pet.

All medical procedures carry a degree of risk, although it is very small for sterilization surgery. Animal Guardians of Brevard cannot be held liable for any unexpected outcomes.

I have read and agree to abide by the instructions, requirements, and conditions. I am requesting sterilization of my pet(s) described above. This information is true and correct to the best of my knowledge.

Pet Guardian's
Signature _____ Date _____

PLEASE COMPLETE AND SIGN THIS PAGE, AND RETURN TO ANIMAL GUARDIANS.