



# *Animal Guardians of Brevard, Inc.*

*“For the Love of Animals”*

## **PET STERILIZATION PROGRAM AND CLINIC**

**Please complete and sign this 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](mailto:info@animalguardiansofbrevard.org)  
Website: [www.AnimalGuardiansofBrevard.org](http://www.AnimalGuardiansofBrevard.org)

### **INSTRUCTIONS, REQUIREMENTS, AND CONDITIONS PLEASE READ CAREFULLY AND FOLLOW EXACTLY!**

PLEASE FOLLOW THESE INSTRUCTIONS UNLESS ANIMAL GUARDIANS (AG) TELLS YOU A DIFFERENT ARRANGEMENT IS TO BE MADE. AG provides financial aid to eligible individuals for the cost of sterilizing companion animals at a clinic or veterinarian of our choice. To apply, *ALL questions in the application must be answered.*

**YOU, THE ABOVE-NAMED PET GUARDIAN, MUST:**

- **CALL AG TO INFORM US IF YOU ARE APPLYING FOR FINANCIAL ASSISTANCE.**
- **COMPLETE, SIGN, AND RETURN THE APPLICATION TO US. All questions must be answered to receive financial aid.**
- **CALL TO MAKE THE APPOINTMENT (Unless we tell you something different) at:**

<b>SPCA</b>	455 Cheney Hwy., Titusville, FL. 32780	321-269-0536
<b>Florida Aid to Animals</b>	741 Creel St., Melbourne, FL. 32935	321-242-9826

*If you have been offered financial assistance, please tell the clinic that this animal is being sterilized through the Animal Guardians Spay/ Neuter Program.*

*Your animal 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.*

- **CALL AG AGAIN AS SOON AS SURGERY IS SCHEDULED, AND INFORM US OF THE TIME.**  
*Also, please call us if an appointment is changed.  
We may not assist you if you do not contact us after setting up or changing an appointment.*
- **TRANSPORT YOUR PET** to and from the clinic or veterinarian's office **in a STURDY PET CARRIER, ON TIME.** Please bring these instructions.
- **PAY 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. **ANY COSTS INCURRED BY YOU WILL BE DUE WHEN YOU PICK UP YOUR ANIMAL AFTER SURGERY.** AG will make arrangements for payment of our portion of the bill.
- **CALL AG AND INFORM US WHEN SURGERY HAS BEEN COMPLETED.**

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 must be heartworm-tested. 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. Financial assistance is based upon individual need and available funds. **ALL questions must be answered to be considered for financial aid, including those with asterisks (\*\*).** All information is kept strictly confidential.

Pet Guardian's Name \_\_\_\_\_

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 please 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? \_\_\_\_\_

\*\*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 \$ \_\_\_\_\_

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? \_\_\_\_\_

**You agree to try and provide a life-long, safe, loving home for your pet. This includes exploring any and all remedies for problems and searching out every safe alternative before ever relinquishing the pet to a shelter. You agree to never abandon your 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 **COMPLETELY** FILL OUT AND SIGN THIS APPLICATION PAGE, AND RETURN IT TO  
ANIMAL GUARDIANS OF BREVARD.