



# Animal Protection League of Mercer County

501 c 3 non profit Animal Rescue

## Application for Pittie Spay/Neuter Fund

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Age: \_\_\_\_\_

Dog Breed or mix: \_\_\_\_\_ Color of dog: \_\_\_\_\_

Circle answer: Male or Female

Up to date on rabies vaccine? Yes or No

I, \_\_\_\_\_, understand that the Animal Protection League of Mercer County, is NOT responsible for the care my dog receives at the Celina Animal Hospital. APLMC is not liable for any risks, injury, or death to my dog. I understand that APLMC are only paying the bill, and not handling the dog in any way. I am clear that they are paying for the dog to be altered, treated for fleas if needed, post surgery pain medication for three days, and also a rabies if the dog is not current on its rabies vaccine. Any other vet work that I decide to do, will be at my own cost and I will be required to pay that to the Celina Animal Hospital.

I waive all liability to the Animal Protection League of Mercer County for anything that may happen to my dog: please initial \_\_\_\_\_

I understand that no one will make a decision about my dog without my consent: Int. \_\_\_\_\_

Any further information we should know about your dog? \_\_\_\_\_

\_\_\_\_\_

What vet clinic was prior vet work done at if any? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of APLMC Volunteer: \_\_\_\_\_

Date Approved: \_\_\_\_\_