

Macon County Humane Society
Low-Cost Dog and Cat Spay/Neuter
Instructions and Policies

The Macon County Humane Society (MCHS) has recently implemented a spay/neuter program to assist those citizens with limited income. This program is intended for needy residents of Macon County (exceptions for extreme hardship cases will be considered for those citizens in the surrounding counties), and full-time Tuskegee University students. Thanks to a generous grant from the Alabama Animal Control Association and assistance from the Tuskegee University School of Veterinary Medicine, the fees charged for those who cannot otherwise afford to have their pets spayed or neutered range from \$5 - \$25 per pet, depending upon income.

Preventing the birth of unwanted animals by spaying and neutering is a humane and cost-effective solution to pet overpopulation. Altering your animals so they can not reproduce ensures good health. In addition, it guarantees that they will not contribute to the millions of unwanted dogs and cats killed each year in the United States.

Your participation in this program is strictly voluntary. The MCHS values your privacy. Your financial information will not be shared with anyone outside of the MCHS selection committee without your approval.

1. If you meet the requirements of this program (listed on the application), you will be asked to complete an application. Your household income will be verified upon completion of the application. You will need to bring with you copies of your filed W2 form(s), social security, disability or retirement statements, or your pay stubs for the last 3 months. Full-time students must submit a billing statement indicating full-time status or a letter from the registrar's office.
2. Applications will be reviewed and income verified by appointment only. Call 334-727-2464 to schedule an appointment.
3. Your co-payment (based upon income), **cash or money order only**, is due prior to scheduling the surgery. Money orders should be made payable to: "Macon County Humane Society".
4. Upon receipt of your application and co-payment, you will receive a certificate for your pets. The certificate(s) **MUST** be presented to the Veterinary Hospital at the time of the surgery. The certificates will expire 3 months from the date of issuance. No refunds will be issued for unused (unless upon the death of the animal) or expired certificates.
5. Appointments for the animal will be scheduled by a MCHS volunteer. The applicant will be responsible for keeping the appointment. If an appointment needs to be cancelled, contact MCHS immediately. **Under no circumstances will the applicant make the appointment directly with the Veterinary school.**
6. The MCHS spay/neuter program includes the cost of surgery (including pre-operative work-ups and post-op medication), vaccinations (FVRCP & Rabies for cats or DHLPP & Rabies for dogs), one night's hospitalization, and a return visit for stitch removal, if needed. Additional services (such as heartworm testing and prevention, FIV/FelV testing, fecal examinations, post-operative analgesics or antibiotics, etc.) are the responsibility of the owner and payable to the "Tuskegee University Veterinary Hospital."
7. Cats must be confined in a carrier and dogs in a crate or on a 4 to 5 foot leash and under the control of the owner when taken to the Hospital for surgery.
8. The MCHS and Tuskegee University School of Veterinary Medicine have the right to deny services to any animals deemed dangerous or vicious.
9. All animals must be free of live fleas. If live fleas are found, the pet owner will be charged for a flea treatment.

10. The attending veterinarian reserves the right to postpone or deny surgery if the animal is not healthy enough to undergo the surgery.
11. Minimum age of pets at time of surgery is 6 months.

The donations used to implement this program are obtained by the constant hard work of MCHS' non-paid volunteers. Please return this generosity to you and your pets by volunteering or by donating money when your financial situation changes.

Release and Certification

I/we the owner(s) of the dogs and cats listed on the application do hereby fully and completely release and discharge the Macon County Humane Society and all people, agents, employees, directors, and officers on its behalf from any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses, and losses of any kind relating to the spaying or neutering of my/our pet(s), including such pet's death or injury. Neither MCHS or Tuskegee University School of Veterinary Medicine is liable for any possible health complications or death arising from the surgery due to pre-existing health problems or post-care of the pet. Surgery will be performed by veterinary medical students under the direct supervision of a licensed veterinarian.

By my signature below, I certify the following:

- I understand that the MCHS Spay/Neuter Assistance Program is for limited income pet owners (per the qualification guidelines) in Macon County only.
- I have read the instructions and policy guidelines above and agree to abide by them.
- I understand that my income information is subject to verification prior to approval.
- I understand that surgery will be performed by veterinary medical students under the direct supervision of a licensed veterinarian.

Signature of pet owner: _____ Date: _____

guidelines.applicants.spay.neuter

Revised: 04/04/2007

Macon County Humane Society



Low-Cost Dog and Cat Spay/Neuter Application

The “low-cost” spay/neuter program is designed to help low-income residents of Macon County (exceptions for extreme hardship cases will be considered on a case by case bases for those citizens in the surrounding counties), and full-time Tuskegee University students by providing affordable sterilization (“fixing”) of their dogs and cats. This opportunity for low-cost spay/neuter is limited by the funding available to the Macon County Humane Society.

- Qualified applicants must have all dogs and cats (males and females) in their household spayed or neutered.
- Only animals deemed healthy by the attending veterinarian will be spayed/neutered.
- This program includes the surgery, vaccinations (FVRCP & rabies for cats or DHLPP & rabies for dogs), one night’s hospitalization, and a return visit for suture removal, if needed.
- Any additional health care (i.e., heartworm testing and preventive, FIV/FelV testing, etc.) will be the owner’s responsibility and payable to the Tuskegee Veterinary Hospital.
- Pre-payment of all fees are required prior to scheduling any surgeries.

The cost is dependent on income. **This information is subject to verification.**

- Cost for residents with Class A income is \$5 per animal.
- Cost for residents with Class B income is \$15 each for the first two animals, and \$5 for each additional animal.
- Cost for residents with Class C income is \$25 each for the first two animals, and \$5 for each additional animal.

	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
Class A	Less than \$9,500	Less than \$10,850	Less than \$12,000	Less than \$13,550	Less than \$14,650	Less than \$15,700	Less than \$16,800	Less than \$17,900
Class B	\$9,501-\$15,800	\$10,851-\$18,100	\$12,201-\$20,350	\$13,551-\$22,600	\$14,651-\$24,400	\$15,701-\$26,200	\$16,801-\$28,000	\$17,901-\$29,850
Class C	\$15,801-\$25,300	\$18,101-\$28,900	\$20,351-\$32,550	\$22,601-\$36,150	\$24,401-\$39,050	\$26,201-\$41,950	\$28,001-\$44,850	\$29,851-\$47,700

Pet Owner's Information – Please Print

Applicant's name _____

Street address _____

City _____ **State** _____ **Zip** _____

Home phone () _____ **Work phone** () _____ **Cell** () _____

Number of people in household _____ **Number of dogs and cats in household** _____

Household income \$ _____ per year, \$ _____ per month *or* \$ _____ week

Applicant's signature _____ **Date** _____

By my signature above I certify the following: I understand that MCHS spay/neuter program is for limited income pet owners only (per qualification guidelines). The information provided with this application is accurate and complete. Any false information may void this application and any future assistance from the MCHS. I understand that this information is subject to verification prior to approval.

If you have any questions or require assistance in completing this application, please call 334-501-8957 or e-mail: maconcountyhumansociety@yahoo.com

Information About Your Pet(s) – Please Print

Pet's Name	Breed	Age	Sex (M or F)	Date of last Rabies Vaccine

For Official Use Only

	Name	Age	Income (yearly)	Verification Statement
Household members:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Total household income: \$ _____ (yearly) Copy made and attached: _____

Method of payment: (money order or cash only) _____ Amount paid: _____ Date paid: _____

Sterilization to be performed on: _____

MCHS volunteer: _____ **Date application reviewed:** _____ **Approved/Denied**

Customer ID/Voucher Number: _____