



Spay-Neuter Coalition of New Mexico  
PO Box 2352 Los Lunas, NM 87031  
505-922-5490  
spayneuternm.org

**Spay or Neuter Voucher Program Application**

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Annual Income: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Pet's Age: \_\_\_\_\_ Pet's Sex: \_\_\_\_\_

Pet's Weight: \_\_\_\_\_

Pet's Breed(s): \_\_\_\_\_

Pet's Color and Identifiable Markings: \_\_\_\_\_

Is your pet current on vaccines, if so, which ones? \_\_\_\_\_

What veterinary practice do you use? \_\_\_\_\_

When was the last time vaccines were given? \_\_\_\_\_

Is your pet human or animal aggressive? \_\_\_\_\_

Does your pet live indoors or outdoors? \_\_\_\_\_

If outdoors, is your pet chained? \_\_\_\_\_

Has your pet been bred, if so, how many times? \_\_\_\_\_

If your pet is a female, is your pet in heat or pregnant? \_\_\_\_\_

If your female has been bred, when was the last time she gave birth? \_\_\_\_\_

If your pet is a male, have both of his testicles dropped? \_\_\_\_\_

Does your pet ever had any health issues? \_\_\_\_\_

Any abnormal behavior, coughing, sneezing, diarrhea or vomiting? If yes, explain? \_\_\_\_\_

Has your pet had any health issues? If yes, please explain? \_\_\_\_\_

For the safety of your pet, please be completely honest in your answers to the above questions. The health of your pet is very important to us, so we have to know about any current or previous health issues. There are risks that come along with any procedure involving anesthesia. These risks can range from nausea and diarrhea to death. While serious complications are rare, they can occur, especially if your pet has undiagnosed illnesses.

We can only do pets up to the age of four (Dog's over the age of four are at the discretion of our approved vet) through our approved vet; however, we can send your personal vet a voucher for the amount we would pay to our approved vet.

Your co-pay will range from \$30 to \$80 if you go through our approved vet and will cover the surgery, vaccines and long lasting pain shot. Your co-pay is based on income and extra services or health conditions such as pregnancies, retained testicles, heat or pyometria (uterine infection). All surgeries are at the veterinarian's discretion. Your pet's safety is paramount. You understand that we, the Spay-Neuter Coalition of New Mexico do not cover any type of aftercare or complications, such as infection. It is your responsibility as the owner to carefully follow all aftercare instructions as provided by the vet.

By signing this document, you attest that you are the legal owner of the pet. By signing this document you agree to hold harmless the Spay-Neuter Coalition of New Mexico, its directors and volunteers for any and all complications that may arise directly or indirectly from the vaccines and/or spay or neuter procedure. By signing this document, you also agree that all information you gave is true and correct to the best of your knowledge.

\_\_\_\_\_  
Signature of Legal Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Legal Owner

**Do Not Write Below this line**

Approved by:

Proof of Income Received:

Document type:

Voucher Amt:

Cost of Surgery:

Extra Services:

Veterinary Clinic:

Veterinary Clinic Contact: