



CCA LOW-COST SPAY/NEUTER PROGRAM
For Residents of Greenville and Pickens Counties

Concerned Citizens for Animals (CCA) is dedicated to reducing the numbers of unwanted dogs and cats in Upstate South Carolina by providing a program for low-cost spaying and neutering. This program is available to anyone and does not limit the number of applications per household. Surgeries are performed for CCA applicants by participating veterinarians in private practice at a reduced price. The fee you pay covers only a portion of the cost to CCA. Donations from individuals who share CCA's goals along with your fee are used to pay for these services.

The conditions of this program are as follows:

	Dogs	Cats
Fee payable to CCA*	\$50.00	\$40.00
Vaccinations Required	Rabies DHLPP	Rabies FVRCP
Minimum Age of Pet	4 months	4 months
Additional fees (payable to veterinarian at time of surgery)		
If animal is in heat or pregnant	\$10.00	\$10.00
If animal weighs over 50 pounds	\$10.00	N/A

*CCA's program includes the surgery, related drugs, one nights' hospitalization (if deemed necessary by the veterinarian) and a return visit for stitch removal, if needed. Other charges are the responsibility of the owner and payable to the veterinarian clinic. **The veterinarian reserves the right to postpone the surgery if the animal is not healthy enough to undergo the surgery.**

Please be aware you may be offered additional services. Be sure you understand what services and products are being offered and why. You are under no obligation to purchase any product or service not required under the conditions of this program.

CCA's RESPONSIBILITIES

Upon receipt of your application, payment and self-addressed envelope, CCA will mail you a Spay/Neuter Certificate redeemable during a specified time period for the spaying or neutering of your pet. **Please allow 3 weeks from the time of receipt of your application for processing.** Your certificate will **show the name, address and phone number of the veterinary clinic where the surgery will be performed.** CCA will notify the clinic of your certificate. Keep in mind that the veterinarians may need to limit the number of surgeries performed each month; therefore, there could be a two month wait or longer before your pet's surgery can be scheduled. **Do not delay making the appointment for your pet's surgery after you receive the certificate.**

YOUR RESPONSIBILITIES

After you receive your certificate, you must contact the veterinary clinic listed on the certificate to make an appointment within the authorized time period.

At the time of surgery, you must:

1. Give the CCA certificate to the clinic
2. Provide **written proof** of your pets current vaccinations
3. Pay any additional charges to the clinic. If you are unable to provide proof of vaccinations, your pet will be given the vaccinations and be charged by the clinic.

No refunds will be issued for unused or expired certificates. Unused certificates are not transferrable. Your participation in this program is strictly voluntary. CCA assumes no risk for the health of your pet or for the outcome of this surgery. CCA reserves the right to modify or cancel this program at any time. For questions concerning this program, call CCA at (864) 243-4CCA (4222) and press 1 after the prompt to get the recorded spay/neuter information or leave a message.

Complete the application information included with this page (one per animal) and mail it with a self-addressed envelope (help us save money and help others), your check, money order or credit card information to:

CCA Spay/Neuter Program Coordinator
P.O. Box 1332
Simpsonville, SC 29681-1332

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(Please use black ink and print neatly)

Owner's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Your Current Veterinarian or Clinic: _____

PLEASE NOTE: Not all veterinarians participate in this program. If your veterinarian works with us, we will do our best to send you to him/her depending on monthly limits. If your veterinarian does not participate, we will send you to the closest participating veterinarian in your area.

FOR DOGS- \$50.00 FEE

FOR CATS - \$40.00 FEE

Breed: _____	Breed: _____
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Age: _____ (Months/Years)	Age: _____ (Months/Years)
Weight: _____ Lbs.	Has this cat been tested for the Feline Leukemia Virus? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this dog on heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what kind?	

How did you hear about this program?

Amount of Payment: \$ _____

Method of Payment:
 Check Money order
 Credit Card

Visa Card # _____ MasterCard # _____ Discover # _____	Expiration Date: _____ Expiration Date: _____ Expiration Date: _____
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I understand the conditions of this program. I assume and accept all risks for my pet and myself.

Signature: _____ Date: _____