



## *Let Us Help Spay or Neuter Your Pet!*

### *Good Reasons to Spay and Neuter:*

- ✓ Prevents unwanted litters and decreases the homeless pet population.
- ✓ Reduces bad behavior with other animals and people.
- ✓ Your pet will be much healthier— prevents and eliminates certain reproductive cancers.
- ✓ Less likely to roam away from home in search of mates.
- ✓ Less likely to mark your home with urine – especially male cats!

### **Current Spay and Neuter Clinic Prices: PLEASE CHECK**

**Male Cat: \$100**

**Female Cat: \$120**

**Male Dog: \$150**

**Female Dog: \$175**

Shots (Rabies/Distemper) if needed, are an additional \$15.00ea.

The SPCA of Tompkins County also has TWO Low-Cost Programs Available.

Please check off the box for the program which applies to your circumstances.



Helen Milks Francis Spay & Neuter Assistance Program

For individuals who are not receiving public assistance but who meet certain household income requirements. (see reverse\*)

### OR (if available)



New York State Animal Population Control Program:  
Spay/Neuter Services for Low-Income Residents

For individuals receiving some form of public assistance (Medicaid, social security, social security/disability, SNAP, WIC, Section 8) OR for individuals who have adopted an unaltered pet from an approved NYS animal shelter or rescue.

This program is made possible through a generous grant from the ASPCA, administrator of the New York State Population Control Fund.

Please complete the application on the reverse to apply for spay or neuter assistance.



Your Name \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

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

**\*Please complete if seeking financial assistance**

Number of people in your household \_\_\_\_\_ Total monthly household income \_\_\_\_\_

Are you receiving: Medicaid, SSDI/Disability, Social Security, SNAP, WIC, or Section 8 Yes

*If Yes, or other assistance, please list:*

**Pet information**

**Pet name** \_\_\_\_\_ **Age of pet** \_\_\_\_\_

Female Male Cat Dog Breed \_\_\_\_\_

**Pet name** \_\_\_\_\_ **Age of pet** \_\_\_\_\_

Female Male Cat Dog Breed \_\_\_\_\_

I agree to release the SPCA of Tompkins County, its Board of Directors, staff and members from any claim, liability, loss, damage, or expense which I may incur from spaying or neutering my pet described in this application. I understand that the only involvement of the SPCA of Tompkins County is to provide partial funds for the spaying and neutering of cats and dogs. I hereby certify that all information I have provided in this application is correct to the best of my knowledge.

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

**Please mail or email this application to:**

SPCA of Tompkins County,  
Attn: Spay/Neuter Program  
1640 Hanshaw Road  
Ithaca, New York 14850

OR: [pam@spcaonline.com](mailto:pam@spcaonline.com)

**If you have any questions or need help with this application, call (607) 257-1822 ext. 244**

