



## Let Us Help Spay or Neuter Your Pet!

### Good Reasons to Spay and Neuter:

- ✓ Prevents unwanted litters.
- ✓ Minimizes 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 Circle

**Male Cat: \$80**

**Female Cat: \$100**

**Male Dog: \$120**

**Female Dog: \$140**

Shots, if needed, are an additional \$10.00

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 people who are not receiving public assistance but who meet certain household income requirements.

**OR**



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

For individuals receiving some form of public assistance OR for individuals who have adopted an unaltered pet from an approved NYS animal shelter.

This program was 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, SNAP, WIC, or Section 8 Yes

If Yes, which one? \_\_\_\_\_

**Pet information**

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

Female or Male Cat or Dog Breed \_\_\_\_\_  
*(please circle answer)*

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Female or Male Cat or Dog Breed \_\_\_\_\_  
*(please circle answer)*

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 bring this application to:**

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

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

