



The Bedford Humane Society Inc.

email: shuttle4bhs@gmail.com
 829 Ole Turnpike Dr.
 Bedford, VA 24523

Phone: 540-586-6100
 540-871-3229
 Fax: 540-586-3130

Date _____
 Received _____

SPAY/NEUTER APPOINTMENT APPLICATION

For Residents of Bedford Only

Please complete this form and return it to the address above. Please make checks payable to "Bedford Humane Society". Vaccinations are only available for animals receiving surgery. Pets over 6 years require pre-surgery bloodwork. An additional fee may apply for dogs over 60 pounds. Call us for details and prices. Within 30 days of mailing your application, we will contact you to schedule your appointment.

Cancellation Policy: If you cannot keep your appointment, you must contact us 48 hours prior to the surgery date to reschedule and allow us to replace you. If you agree to an appointment time and fail to appear, **YOUR PAYMENT IS NON REFUNDABLE**, because the Humane Society must pay for the appointment whether you use it or not. Our pricing/policy reflects those of the spay/neuter clinics. We appreciate your understanding and cooperation in this matter, as we want to help as many pets as possible.

Name: _____ Pet's Name: _____
 Address: _____ Dog _____ Cat _____ Male _____ Female _____ Age _____
 (Circle One) (Circle One)
 City: _____ Female dogs last heat cycle (month) _____
 State:/Zip: _____ Breed _____ Weight (dog) _____
 Home Phone: _____ Color _____ E-mail: _____

REGULAR COST

_____ I do not meet the Low Cost Income Eligibility requirement or, I do not wish to reveal my financial status. I understand that I will be contacted with an appointment date, and that I must provide my own transportation to and from the Shuttle.

LOW COST

Single \$18,000 Married \$25,740
w/Children \$18,750 w/Children \$28,920

_____ I meet the above financial qualifications and I would like to receive an appointment for the Spay Neuter Shuttle when it visits Bedford. I understand that I will be contacted with an appointment date and that I must provide my own transportation to and from the Shuttle.

Proof of Income Required. Persons applying for low cost surgery must send copy of most recent Federal Income Tax Return Notice of Action or SS Benefits Statement.

**RABIES
 VACCINATIONS
 ARE REQUIRED
 BY VIRGINIA
 LAW**

SERVICE	Quantity	Price Each	Total	Quantity	Price Each	Total
Cat Male Neuter/pain meds		\$ 60.00			\$ 20.00	
Cat Female Spay/pain meds		\$ 65.00			\$ 20.00	
Cat FVRCP (Distemper Vaccine)		\$ 15.00			\$ 15.00	
Cat Felv/FIV Test		\$ 25.00			\$ 25.00	
Cat Flea/tick topical Revolution (1 month)		\$ 20.00			\$ 20.00	
Cat Dewormer general		\$ 15.00			\$ 15.00	
Dog Male Neuter/pain meds		\$ 80.00			\$ 30.00	
Dog Female Spay/pain meds		\$ 85.00			\$ 30.00	
Dog DHPP (Distemper Vaccine)		\$ 15.00			\$ 15.00	
Dog Bordetella (Kennel Cough Vaccine)		\$ 15.00			\$ 15.00	
Dog Heartworm Test		\$ 30.00			\$ 30.00	
Dog Heartworm prevention (1 month)		\$ 12.00			\$12.00	
Dog Flea/tick topical (1 month)		\$ 15.00			\$ 15.00	
Rabies (cat/dog) Vaccine required or copy of certificate		\$ 5.00			\$ 5.00	
Micro-chip		\$ 15.00			\$ 15.00	
Bloodwork – pre-surgery >6 yrs (proof of age) see separate contract		\$ 57.00			\$ 10.00	
Cat crate rental – Qty needed (see equipment contract)		Contract			Contract	
TOTAL				TOTAL		