

**SANTA ANA FRIENDS FOR THE ANIMALS (SAFA)
SPAY/NEUTER VOUCHER APPLICATION**

Date _____

Name _____ -Address _____

Santa Ana, CA. Zip Code _____ Hm. Phone# _____ Cell Phone# _____

Work # _____

Animal Name _____ Cat _____ Dog _____ Breed _____ Color _____ Sex: M / F (circle one)

Age _____ Weight _____ Pregnant: Y / N (circle one) Dog License # _____

Email _____

Dog Owners:

Please submit a co-payment of \$25.00 (or what ever you can afford) for each dog, along with your application for a spay/neuter voucher. Check should be payable to “SAFA”

(Surgery cost have risen considerably in the last few years in some cases to hundreds of dollars so any co-pay will help us spay/neuter more pets)

Cat Owners:

A \$15.00 co-payment is required for each cat along with your application. Check should be made payable to “SAFA”

Voucher is null and void if declawing, tail docking, ear cropping, or any other mutilation procedure is to be done at the time of spaying or neutering.

RELEASE AND WAIVER OF LIABILITY

THE SANTA ANA FRIENDS FOR THE ANIMALS (hereinafter “SAFA”) has developed a program whereby I may receive a voucher to take my animal to a participating veterinarian for spay/neuter services. (hereinafter “said Voucher Program”)

IN CONSIDERATION of participation in said Voucher Program, I hereby acknowledge, agree and represent the following:

1. I UNDERSTAND THE SPAY/NEUTER SURGERY HAS THE RISK OF COMPLICATIONS, INCLUDING DEATH, TO MY ANIMAL. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF SICKNESS, INJURY OR DEATH of my animal due to my participation in said Voucher Program.
2. I understand participation by any veterinarian in said Voucher Program is not a representation by SAFA of that participating veterinarian’s skills or a warranty of its services.
3. I agree that if my dog is not already licensed with the City of Santa Ana, I will obtain a City of Santa Ana dog license within 10 days after surgery.

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY, and further agree that no oral representations, statements or inducement apart from this written agreement have been made. I further attest that I am a resident of the City of Santa Ana and the above listed dog or cat is my pet. I do not anticipate selling or giving away this pet in the future.

Date _____ Signature _____ How did you hear about this program? _____

SAFA USE ONLY-Representative reviewing/verifying application:

Signature _____ Co-payment Received: Cash _____ Ch# _____ Issue date _____

Spay/Neuter Authorization # _____