



**APPLICATION FOR SPAY/NEUTER SURGERY**

**\$20 per cat/ \$40 per dog (vaccines not included)**

Enclose payment w/application (check or money order), payable to Pay To Spay, Inc. and mail to:

**\*\* PAYMENTS ARE NON-REFUNDABLE \*\***

Pay To Spay, Inc.  
7257 NW 4<sup>th</sup> Blvd. #20  
Gainesville, Florida 32607

You may pay online at [paytospay.org](http://paytospay.org), click on "Donate" button (under "More"). Include your pets' names in memo portion. When your application is received, it will be processed to a participating Veterinarian and you will be notified by e-mail to contact the Veterinarian to make an appointment. (If no e-mail address is provided, we shall call you.) Please note, your application and payment must be received by Pay to Spay before a Certificate is issued.

**\*\*\*PLEASE PRINT LEGIBLY & COMPLETE THE APPLICATION IN FULL\*\*\***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Current on vaccines? Yes \_\_\_\_\_ No \_\_\_\_\_

Veterinarian: \_\_\_\_\_

IS YOUR PET: PREGNANT: \_\_\_\_\_ Y/N IN HEAT: \_\_\_\_\_ Y/N NURSING: \_\_\_\_\_ Y/N

***NOTE: 1) THERE WILL BE AN ADDITIONAL FEE OF \$35 DUE BY YOU TO THE VET ON THE DAY OF YOUR APPOINTMENT SHOULD YOUR PET BE IN HEAT OR PREGNANT. 2) RABIES VACCINE OR PROOF OF RABIES CERTIFICATE IS REQUIRED. 3) You may be required to supply financial information.***

CAT/DOG	NAME	AGE	GENDER	BREED	WEIGHT	COLOR	HAIR LGTH: S/M/L

Note: Do not contact your assigned Veterinarian for an appointment before receiving notice from PTS.

Inquiries: [paytospay@gmail.com](mailto:paytospay@gmail.com) or 352-321-7584 or 352-348-1615 Dated: \_\_\_\_\_