



**AnimalSave Low Cost Mobile Spay & Neuter Clinic
Registration Form**

Please complete the Registration Form, submit it to AnimalSave and you will be contacted by phone with a cost estimate and to set up an appointment.

Date _____

Client Information

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Low Income Verification

Do you qualify as a low income recipient? Yes___ No___

Total number of people in your household _____ Total gross annual household income _____

Do you qualify for Food Stamps? Yes___ No___

Do you qualify for Nevada County Section 8 Housing? Yes___ No___

Do you qualify for Healthy Families? Yes___ No___

Do you qualify for PG&E assistance? Yes___ No___

Do you receive Social Security? Yes___ No___

Pet Information

1. Dog___ Cat___ Name _____ Sex___ Age _____

Breed _____ Color _____ Weight _____

Is your pet: Pregnant _____ In Heat _____ Cryptorchid _____ Hernia _____

Has your pet recently had a litter? _____ Date _____ C-section _____ Date _____

Does your pet have any medical issues? _____ Describe _____

Has your pet been tested for heartworm? _____ Date _____ Positive _____ Negative _____

Is your pet on monthly heartworm prevention medication? _____

Is your pet current on vaccines? _____ Has your pet had a rabies vaccination? _____

Has your pet received previous veterinary care? _____ Describe _____

2. Dog___ Cat___ Name _____ Sex___ Age _____

Breed _____ Color _____ Weight _____

Is your pet: Pregnant _____ In Heat _____ Cryptorchid _____ Hernia _____

Has your pet recently had a litter? _____ Date _____ C-section _____ Date _____

Does your pet have any medical issues? _____ Describe _____

Has your pet been tested for heartworm? _____ Date _____ Positive _____ Negative _____

Is your pet on monthly heartworm prevention medication? _____

Is your pet current on vaccines? _____ Has your pet had a rabies vaccination? _____

Has your pet received previous veterinary care? _____ Describe _____

3. Dog___ Cat___ Name _____ Sex___ Age _____

Breed _____ Color _____ Weight _____

Is your pet: Pregnant _____ In Heat _____ Cryptorchid _____ Hernia _____

Has your pet recently had a litter? _____ Date _____ C-section _____ Date _____

Does your pet have any medical issues? _____ Describe _____

Has your pet been tested for heartworm? _____ Date _____ Positive _____ Negative _____

Is your pet on monthly heartworm prevention medication? _____

Is your pet current on vaccines? _____ Has your pet had a rabies vaccination? _____

Has your pet received previous veterinary care? _____ Describe: _____

Who is your current veterinarian? _____

What prevented you from previously altering your pet? _____