

## Shepherd of the Hills Humane Society Low-Cost Feline Spay/ Neuter Program

This is a low-cost feline spay/ neuter program subsidized directly by the Shepherd of the Hills Humane Society through donations, fund raising, grants, and other means and hosted by Shepherd of the Hills Veterinary Clinic. The intent of the program is to improve access to preventative healthcare for Taney and Stone county's feline population.

We encourage you to become an active participant in the program you are benefiting from by giving back to the Shepherd of the Hills Humane Society through volunteerism, fund raising, donations, and positive word of mouth.

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**Please read the following VERY carefully before submitting your application for the Low-Cost Feline Spay/Neuter Program and sign below to acknowledge your understanding of program eligibility requirements, waiver terms and policies.**

(Having problems submitting application? Questions can be directed to Shepherd of the Hills Veterinary Clinic **AFTER** you have fully read all of the below 417-337-7389)

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### Applicant Costs: (Co-Pay)

Cat Neuter + Rabies= \$55

Cat Spay + Rabies= \$65

### Eligibility Requirements:

1. Your cat must meet the medical eligibility requirements listed below.
2. Your cat must be an indoor and/or outdoor house cat. **NO feral cats** for this program (call Shepherd of the Hills Vet for feral program details).
3. You must have a valid credit/debit or prepaid credit card in order to make co-payment via phone. We do not accept Care Credit. We accept: Visa, Mastercard, Amer Ex, and Discover.
4. You must have reliable transportation to scheduled surgery appointment for both morning drop-off and afternoon pick up on the same day.
5. You must be a current resident of Taney or Stone county and be able to provide proof of residency. (See application for accepted documents)
6. You must personally own the pet. (anyone found to violate Missouri laws regarding private property will be turned into local authorities and banned from the program for life)

## How to Apply:

1. Go to <https://shepherdhillsvet.com/low-cost-feline-program/> and fill out the application. Fully read all terms/policies, upload appropriate documents, acknowledge terms and policies, then fill out the application providing valid contact info, sign and submit form. One application per cat. **If you do not have a printer/ scanner/ computer go to Shepherd of the Hills Humane Society and utilize their designated computer to fill out your application.**
2. You will be notified via email when the application is received and reviewed and informed of status on wait list. Please give two weeks for approval. When it is your turn to be scheduled you will be called at the given phone number. A co-payment will be required at that time taken via phone to lock in your appointment date. If you are wait-listed, no co-payment will be taken until you are formally scheduled. Please minimize phone calls to check status of wait time. You will be given two weeks lead time on offered schedule dates once called. See "Program Terms" for further details.
3. Approved applicants who pay their co-pay amount will then be given schedule dates to pick from as well as further instructions on the drop off process for the day of surgery. See "Program Terms" for further details.

## Program Terms:

- **Full co-payment amount is due at time of phone scheduling, NO Exceptions!** Any additional procedures or products desired at time of surgery will be at regular full clinic cost to the owner and can be paid for at time of pet drop off the morning of the surgery or at time of phone scheduling. Receipts for co-pay amount will be available for pick up at time of pet drop off or in-person at clinic beforehand if desired. See Shepherd of the Hills Veterinary Clinic's full list of prices at their website ([www.shepherdhillsvet.com](http://www.shepherdhillsvet.com))
- Co-pays can **only** be made by card over the phone at time of scheduling. Card information will be typed manually into card reader with no card information stored or recorded. Applicants are allowed to have someone other than themselves make the payment however payment must be submitted the same day as the scheduling request or they will have to re-submit an application. **No other forms of payment will be accepted for co-pay amount.**
- Once application has been received and approved applicant will be sent email at listed address acknowledging approval or non-approved status and informed of status on wait list.

## Program Terms Continued...

- Applicants will be called at listed phone number on application and given 2-3 days as options for scheduling surgery with at least a two-week lead time. If the applicant cannot be reached after two phone calls or cannot schedule for any of those days, their name will be removed from the wait list and they will be required to resubmit an application when they have more availability.
- If applicant's cat is deemed medically unfit for surgery at time of surgery exam, owner will be called and notified of surgery cancelation and they may resubmit application when and if cat is an appropriate candidate for surgery on a later date. **Co-payment will not be refunded but donated to the low cost spay/ neuter fund.** A list of requirements to qualify for spay/ neuter procedure are available below.
- If cat gender is determined to be not what was reported on the application then any remaining balance will be due at that time. If owner cannot be reached to pay outstanding co-pay balance surgery will be canceled and applicant will be asked to re-apply and any prior payments will be donated to the fund. If misidentification of gender results in overpayment, remaining balance will be refunded to applicant at pick up.
- There will be no discount of co-pay amount for cat already being up to date on rabies vaccine. Rabies vaccine can, however, be withheld at doctor discretion if they are already up to date.
- Any additional unforeseen cost such as lifesaving procedures, if consented to, will be at cost of owner and due at time of pick up.
- Applicants are responsible for adhering to all clinic policies, procedures, and standards of conduct. Failure to do so will result in removal from the program **WITHOUT REFUND**.
- All co-pays not used for surgeries due to either violations of terms, conduct standards or failure to schedule in above stated time frames will be donated to the program fund to continue to help subsidize the program. All future eligible applications from the same individuals will require additional co-pays to schedule.
- Shepherd of the Hills Veterinary Clinic and/or Shepherd of the Hills Humane Society reserves the right to cancel applicant's eligibility for the program at any time for any reason.

## Medical Requirements for Eligibility for Feline Spay/ Neuter Procedure:

Minimum weight = 3 pounds

Minimum age = 12 weeks

The doctor will perform a thorough physical exam before surgery. If the applicant's cat is found to have **ANY** of the following, they will not qualify for the program:

- Skin disease or wounds especially localized to the area where surgery will take place.
- Anorexia (not eating) of 2 or more days
- Vomiting within the last 24 hours
- Persistent diarrhea
- Recent (within 2 months) weight loss of 2 pounds or more.
- History of seizures
- Respiratory infection
- Heart murmur

We suggest contacting your regular vet to address any of the above issue. For some of the conditions your cat may be eligible for the program once the issue has resolved.

\*If applicant's pet comes in with any of the disorders noted, the surgery will be cancelled and the **co-pay will be donated to the Feline Low-Cost Spay/Neuter fund.**

## Clinic Policies:

### Safety

We request that all cats entering the hospital be in a pet carrier for everyone's safety. If you do not have a pet carrier for your cat, a cardboard pet carrier can be purchased before bringing your pet into the hospital for \$7 at our reception counter. We ask that all carriers be checked for infestations before being brought into the veterinary hospital. Carriers found to be infested with bugs, fleas, ticks will not be allowed in the facility and applicant will have to purchase cardboard pet carrier for \$7 before surgery will commence. All applicants are subject to clinic policies and rules provided at check in.

### Client Conduct

Clients will respect the rights and safety of other clients and staff. Aggressive, abusive, or violent behaviors or language towards staff or other clients will not be tolerated and you will be asked to leave and client status immediately revoked.



Shepherd of the Hills Humane Society  
417.337.7387

Application:

Name\*

First

Last

Street Address\*

Address Line 2

City\*

State\*

Zip Code\*

Phone\*

Email\*

Confirm Email\*

Services Requested\*  Cat Spay (female)

Cat Neuter (male)

Cat Weight\*

Lbs.

Cat Sex (gender) \*

Male  Female

Cat Name\*

Cat Age\* (specify years and months)

Cat Color(s)\*

Does this cat have any health issues?  Yes  No

Please detail health issues if any:

Are you a current client of Shepherd of the Hills Veterinary Clinic?  Yes  No

**Application Continued:**

**So your cat can have the best experience possible please state whether this cat may be easy to handle for vet staff or will they require special consideration with handling?**

**Please provide proof of residence in Taney or Stone County:  
Accepted documents include any of the following:**

- **Utility bill <3 months old**
- **Current home/apartment lease**
- **Valid drivers license passport**
- **Tax assessment**
- **Mortgage statement**
- **Voter registration**

**\*All applicants are responsible for protecting (blacking out) sensitive personal or financial information BEFORE uploading documents.**

Upload Button

## Authorization and Waiver Terms:

By submitting this form, I certify that I am eligible to participate in this program and that I am the Owner/Authorized Agent of the pet(s) listed. I authorize Shepherd of the Hills Humane Society and all participating veterinarians, employees, and volunteers to receive, handle, examine, sedate, anesthetize and perform surgery on the pet(s).

I agree to indemnify, hold harmless and release of all liability Shepherd of the Hills Humane Society and all participating veterinarians, employees, volunteers, and any of their personal representatives, heirs, successors and assigns, from and against all action claims, damages, disabilities, or expenses, including attorney's fees and witness costs that may be asserted by any person or entity, including me arising out of or in connection with the care, treatment, surgery, or safe keeping of the pet(s). Further, I understand that it is not possible for you to guarantee that any medical or surgical procedure will be successful and without complication, including, but not limited to, the death of my pet(s). I understand these risks and assume all responsibility for such complications and will not hold Shepherd of the Hills Humane Society and any participating veterinarians, employee or volunteer responsible.

I certify that I have read and understand the above paragraphs. I understand that this is an application to participate in this program and that Shepherd of the Hills Humane Society has the right to deny or refuse any application.

By filling out and submitting this spay/neuter application, you certify that the information given is true and complete. You understand that any false information will be cause to terminate all actions on this process. You also authorize the release/disclosure of records and other information of the foregoing inquiries and veterinary records.

I Agree to the eligibility, authorization and waiver terms.

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E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_