



# First Coast No More Homeless Pets, Inc.

P.O. Box 50696 (904) 425-0005  
Jacksonville, FL 32240 www.FCNMHP.org

SpayJax  
SpayNassau

## SpayFirstCoast Certificate

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### INSTRUCTIONS FOR VETERINARIANS:

- VETERINARIANS MUST BE PARTICIPATING IN THE PROGRAM
- RETURN WHITE & YELLOW COPIES WITH MONTHLY INVOICE
- KEEP THE PINK COPY FOR YOUR RECORDS

- PET OWNER MUST PROVIDE PROOF OF QUALIFICATION, PICTURE ID AND PROOF OF RESIDENCE
- COPIES OF ID & ALL PROOF MUST ACCOMPANY CERTIFICATE

### **PART 1 ---- PET OWNER INFORMATION PLEASE PRESS DOWN HARD WITH BALLPOINT PEN**

NAME OF PET OWNER (LAST, FIRST)		ZIP CODE	COUNTY OF RESIDENCE
HOME ADDRESS		CITY & STATE	HOME PHONE NUMBER

#### PROGRAM UNDER WHICH YOU ARE CLAIMING QUALIFICATION:

- |  |                                       |   |
|--|---------------------------------------|---|
| 1. Food Stamps   | 3. WIC (Women, Infants & Children)    | 6. AFDC (Aid to Families with Dependent Children) |
| 2. Medicaid, MediPass, HealthEase HMO, Shands/University Community Health Center | 4. SSI (Supplemental Security Income) | 7. TANF (Temporary Assistance to Needy Families)  |
|  | 5. Section 8, Public Housing          |   |

#### OR, IF YOU ARE NOT ON ONE OF ABOVE PROGRAMS, GIVE YOUR HOUSEHOLD'S INCOME INFORMATION:

1. Number of persons living in household: \_\_\_\_\_ 2. Total Gross Household Income \_\_\_\_\_ weekly / biweekly / monthly / yearly (circle one)

DOCUMENTATION FOR ABOVE PROGRAM OR INCOME MUST BE ATTACHED.

TYPE OF PET (check one per application): _____ Male Dog _____ Female Dog under 75# _____ Female Dog over 75# _____ Male Cat _____ Female Cat			
NAME OF PET	BREED	COLOR	AGE

1. THE ABOVE DESCRIBED PET LIVES AT MY HOME ADDRESS. I AGREE THAT A REPRESENTATIVE FROM FIRST COAST NO MORE HOMELESS PETS MAY CONTACT ME AND SCHEDULE A TIME TO COME TO MY HOME AND VERIFY THIS PET.
2. I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
3. I HEREBY CONSENT TO THE PRE-SURGICAL RABIES IMMUNIZATION, IF REQUIRED, AND SPAY/NEUTERING OF THE PET DESCRIBED ABOVE.
4. ANIMALS THAT ARE SPAYED OR NEUTERED AND VACCINATED AS A RESULT OF THE SPAY-FIRST-COAST PROGRAM ARE THE RESPONSIBILITY OF THE ANIMAL OWNERS. I HEREBY AGREE THAT FIRST COAST NO MORE HOMELESS PETS, INC., SPAY-JAX, SPAY-NASSAU, THE CITY OF JACKSONVILLE, NASSAU COUNTY AND THE VETERINARIAN PERFORMING SURGERY HAVE NO RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR DAMAGE, OR CLAIMS SUBSEQUENT THERETO, TO ANY PERSON, PROPERTY, OR ANIMAL, CAUSED DIRECTLY OR INDIRECTLY BY ANY OF THE PARTICIPATING PARTIES. I AGREE TO PARTICIPATE IN THIS PROGRAM AND AGREE TO THIS WAIVER OF LIABILITY.

I HAVE READ THE ABOVE STATEMENTS AND SIGN HERE THAT I AGREE.

SIGNATURE OF PET OWNER (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PERSON BRINGING IN PET IF OTHER THAN PET OWNER: \_\_\_\_\_

### **PART 2 ---- VETERINARIAN INFORMATION, TO BE COMPLETED BY HOSPITAL**

HOSPITAL/CLINIC NAME			
RABIES SHOT GIVEN TODAY	IF NO: REFUSED/		
YES / NO (CIRCLE ONE)	TOO YOUNG/		
	ALREADY DONE	DATE SPAYED/NEUTERED	IF FEMALE DOG, GIVE WEIGHT

I HEREBY ATTEST THAT SPAY/NEUTERING AND IMMUNIZATION OF THIS ANIMAL WAS CARRIED OUT AS RECORDED ABOVE.

SIGNATURE OF VETERINARIAN PERFORMING SURGERY (MUST BE A SPAY-FIRST-COAST PARTICIPATING VETERINARIAN) \_\_\_\_\_ DATE \_\_\_\_\_