



**Bedford Humane Society, Inc.**

email: [shuttle4bhs@gmail.com](mailto:shuttle4bhs@gmail.com)  
 829 Ole Turnpike Dr.  
 Bedford, VA 24523

Office: 540-586-6100  
 Fax: 540-586-3130

Date Rec'd \_\_\_\_\_

Shuttle Date \_\_\_\_\_

Updated March 2023

**SPAY/NEUTER APPOINTMENT APPLICATION**  
*For Residents of Bedford Only*

Please complete this form and return it to the address above. Please make checks payable to "Bedford Humane Society". Vaccinations are only available for animals receiving surgery. Pets over 6 years require pre-surgery blood work. An additional fee may apply for dogs over 60 lbs. Please complete one application per animal. Within 30 days of mailing your application, we will contact you to schedule your appointment. **Cancellation Policy:** If you cannot keep your appointment, you must contact us 48 hours prior to the surgery date to reschedule and allow us to replace you. If you agree to an appointment time and fail to appear, **YOUR PAYMENT IS NON REFUNDABLE**, because the Humane Society must pay for the appointment whether you use it or not. Our pricing/policy reflects those of the spay/neuter clinics. We appreciate your understanding and cooperation in this matter, as we want to help as many pets as possible.

Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dog or Cat Male or Female Age \_\_\_\_\_  
 City: \_\_\_\_\_ Date of last heat cycle (Female dog) \_\_\_\_\_  
 State:/Zip: \_\_\_\_\_ Breed \_\_\_\_\_ Weight (Dog only) \_\_\_\_\_  
 Phone: \_\_\_\_\_ Color \_\_\_\_\_ E-mail: \_\_\_\_\_

**RABIES  
 VACCINATIONS ARE  
 REQUIRED BY  
 VIRGINIA LAW**

**REGULAR COST**  
 I do not meet the Low Cost Income Eligibility requirement or, I do not wish to reveal my financial status. I understand that I will be contacted with an appointment date, and that I must provide my own transportation to and from the Shuttle.

**LOW COST**  
 Single \$18,000 Married \$25,740 w/Children \$18,750 w/Children \$28,920 I meet the above financial qualifications and I would like to receive an appointment for the Spay Neuter Shuttle when it visits Bedford.  
**Proof of Income Required. Persons applying for low cost surgery must send copy of most recent Federal Income Tax Return Notice of Action or SS Benefits Statement.**

SERVICE	Quantity	Price Each	Total	Quantity	Price Each	Total
Cat Male Neuter/pain meds		\$ 75.00			\$ 30.00	
Cat Female Spay/pain meds		\$ 85.00			\$ 30.00	
Cat FVRCP (Distemper Vaccine)		\$ 20.00			\$ 17.00	
Cat Felv/FIV Test		\$ 25.00			\$ 25.00	
Cat Felv Vaccine		\$ 20.00			\$ 20.00	
Cat Flea/tick topical (1 - 3 months)		\$15. - \$50.			\$15. - \$50.	
Cat Dewormer general (1 month)		\$ 20.00			\$20.00	
Dog Dewormer general (1 month)		\$ 20.00			\$20.00	
Dog Male Neuter/pain meds		\$ 105.00			\$ 40.00	
Dog Female Spay/pain meds		\$ 110.00			\$ 40.00	
Dog DHPP (Distemper Vaccine)		\$ 20.00			\$ 17.00	
Dog Bordetella (Kennel Cough Vaccine)		\$ 20.00			\$ 15.00	
Dog Heartworm Test		\$ 30.00			\$ 30.00	
Dog Heartworm Prevention (1month)		\$15. - \$30.			\$15. - \$30.	
Rabies (cat/dog) Vaccine required or copy of certificate		\$ 5.00			\$ 5.00	
Micro-chip		\$ 20.00			\$ 20.00	
Cat crate rental – Qty needed (see		Contract			Contract	
<b>TOTAL</b>				<b>TOTAL</b>		

# Spay/Neuter Shuttle Program

Bedford Humane Society, Inc. 829 Ole Turnpike Dr., Bedford, VA 24523 (540-586-6100) March 2023

## WAIVER AND RELEASE OF LIABILITY

In consideration of injury or damage to you, your pet(s), or your possessions while participation in the Low Cost Spay and Neuter Program (the "Activity"), and in consideration for the right to participate in the Activity I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all right, claims, or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Bedford Humane Society, Inc., located at 829 Ole Turnpike Drive, Bedford, VA 24523, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and/or assigns, for any physical or psychological injury, including but not limited to injury, illness, paralysis, death, damages, economical or emotional loss that may be suffered as a direct result of participation in the aforementioned Activity, including traveling to and from any event related to this Activity.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Bedford Humane Society, Inc., and their directors, officers, volunteers, representatives, agents and employees.

I acknowledge that Bedford Humane Society, Inc., and their directors, officers, volunteers, representatives, agents, and employees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Bedford Humane Society, Inc.

Initials: \_\_\_\_\_

## CONTRACT OF POSSIBLE BOARDING/Additional FEES

I acknowledge shuttle participants are required to pick-up animals at the stated time given to you by shuttle driver at the time of drop off. Arrangements to pick-up your animal is your responsibility and not the responsibility of the shuttle driver and/or Bedford Humane Society, Inc. Your animal can be returned to the participating vet clinic due to you not being on schedule. It is your responsibility to make arrangements to pick-up your animal from the participating vet clinic. Boarding fees may apply if your animal is returned to the shuttle participating vet clinic. Call 540-586-6100 if you are running late. Additionally, at times during surgery, certain precautions must be taken to promote the health of the animal and this may result in additional fees.

Initials: \_\_\_\_\_

I acknowledge that I have carefully read this "Waiver and Release" and fully understand that it is a release of liability.

Participant's Name (PRINT) \_\_\_\_\_

Participant's Name (SIGN) \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

## Check In (To be completed by Office Staff)

Shuttle Date \_\_\_\_\_

Pet's Name \_\_\_\_\_

Income Verification \_\_\_\_\_

Rabies Certificate \_\_\_\_\_

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Additional Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Cash: \_\_\_\_\_

Check# \_\_\_\_\_

CC: \_\_\_\_\_