



# Bedford Humane Society, Inc.

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

Office: 540-586-6100  
 Cell: 540-871-3229  
 Fax: 540-586-3130

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

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

## 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 bloodwork. An additional fee may apply for dogs over 60 pounds. Call us for details and prices. 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 \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_  
 (Circle One) (Circle One)

City: \_\_\_\_\_ Female dogs last heat cycle (month) \_\_\_\_\_

State:/Zip: \_\_\_\_\_ Breed \_\_\_\_\_ Weight (dog) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Color \_\_\_\_\_ E-mail: \_\_\_\_\_

| SERVICE  | REGULAR COST |               |       | LOW COST |               |       |
|--|--------------|---------------|-------|----------|---------------|-------|
|  | Quantity     | Price Each    | Total | Quantity | Price Each    | Total |
| Cat Male Neuter/pain meds  |              | \$ 75.00      |       |          | \$ 30.00      |       |
| Cat Female Spay/pain meds  |              | \$ 80.00      |       |          | \$ 30.00      |       |
| Cat FVRCP (Distemper Vaccine)  |              | \$ 17.00      |       |          | \$ 17.00      |       |
| Cat Felv/FIV Test  |              | \$ 25.00      |       |          | \$ 25.00      |       |
| Cat Felv Vaccine   |              | \$ 20.00      |       |          | \$ 20.00      |       |
| Cat Flea/tick topical Revolution (1 month)   |              | \$ 20.00      |       |          | \$ 20.00      |       |
| Dog or Cat Dewormer general  |              | \$ 15.00      |       |          | \$ 15.00      |       |
| Dog Male Neuter/pain meds  |              | \$ 90.00      |       |          | \$ 40.00      |       |
| Dog Female Spay/pain meds  |              | \$ 95.00      |       |          | \$ 40.00      |       |
| Dog DHPP (Distemper Vaccine)   |              | \$ 17.00      |       |          | \$ 17.00      |       |
| Dog Bordetella (Kennel Cough Vaccine)  |              | \$ 15.00      |       |          | \$ 15.00      |       |
| Dog Heartworm Test   |              | \$ 30.00      |       |          | \$ 30.00      |       |
| Dog Heartworm prevention (1 month)   |              | \$15. - \$50. |       |          | \$15. - \$50. |       |
| Dog Flea/tick topical (1 month)  |              | \$15. - \$50. |       |          | \$15. - \$50. |       |
| Rabies (cat/dog) Vaccine required or copy of certificate                                     |              | \$ 5.00       |       |          | \$ 5.00       |       |
| Micro-chip   |              | \$ 20.00      |       |          | \$ 20.00      |       |
| Bloodwork – Pre-surgery, CBC/Chem - 6 yrs old + see separate contract, if applicable         |              | \$ 75.00      |       |          | \$ 25.00      |       |
| Bloodwork – Pre-surgery, CBC/Chem & T4 – over 7 yrs old see separate contract, if applicable |              | \$125.00      |       |          | \$50.00       |       |
| Cat crate rental – Qty needed (see equipment contract)                                       |              | Contract      |       |          | Contract      |       |
|  |              | <b>TOTAL</b>  |       |          | <b>TOTAL</b>  |       |

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.**