

P.O. Box 7025  
Wantagh, NY 11793

June 2024

Dear Pet Owners:

Thanks to a grant from PETCO Love, we are able to offer, at a very affordable rate, the spaying and neutering of your “domestic” family pets. This grant is **NOT** for feral or stray animals. Owners will be responsible to pay the participating veterinarians \$25 per cat or \$50 per dog. Each veterinarian will specify the vaccines required, conduct a pre-surgical exam and for pets 5 years and older, any pre op blood work required for surgery. **PLEASE NOTE** - If health issues are discovered when the pre-surgical exam or spay/neuter surgeries are performed, the pet owner is responsible for the cost of the treatment needed. Last Hope Animal Rescue will be issuing certificates for this service identifying the veterinarians that are participating after the necessary paperwork is completed and approved. You are responsible for scheduling the spay/neuter surgeries at the participating veterinarians.

In order to be considered for this grant, you must provide us proof of financial need as well as written justification for your request. A copy of Medicaid/disability cards are required and in part, will be used to determine eligibility. We reserve the right to deny this service to anyone. Funds are limited and only available through December 31,2024. Once funding is exhausted the program is over and no additional applications will be accepted.

To be specific, this is what you receive for your \$50(dog) /\$25(cat) co-payment:

- Pre-Surgical Exam
- A spay-neuter of your pet.
- Rabies and distemper combo vaccines for your pet.
- \$50.00 towards any pre-surgical bloodwork required for dogs or cats over 5 years of age.

These services will not be covered by LAST HOPE:

- Flea treatments.
- Heartworm or Feline leukemia or FIV testing.
- Additional vaccines requested.
- Additional procedures or medicines requested or required.

Please complete the form below and submit to: Attention, Linda Stuurman, Last Hope Animal Rescue, P.O. Box 7025, Wantagh, NY 11793. Requests will not be processed without the required documentation and the completed application.



### Family Pet Spay/Neuter Program

I, the undersigned, understand that the cat/dog that I am presenting for spay/neuter appears to be in good health and that I cannot hold Last Hope, Inc. or the veterinarians in this program responsible should any issue or surgery problem occur.

Your Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:- Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email: \_\_\_\_\_

Assistance requested for the following animal

Dog \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

I am in need of financial assistance for this service because I am:

- \_\_\_\_\_ On public assistance
- \_\_\_\_\_ Disabled
- \_\_\_\_\_ Other

Please explain fully the circumstances for which you are requesting this financial assistance for your family pet. In addition, you must provide copies of documents to support your need. If more space is needed, you can use the back of this document.

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\*\* We may also be able to assist with the euthanasia cost of pets on a case-by-case basis based on financial need. Communal cremation only. Please call us at 631-425-1884 for assistance with this matter.

\* If you have taken on the daily care of a stray "friendly" cat, you can contact us with a letter at the above address requesting assistance using our "feral" spay/neuter program, as long as you plan on continuing care.