



800 Southwest Dr. Cheyenne, WY 82007 307-632-6655

**Application:**

The Big Fix is a low-cost pet spay & neuter program for income eligible pet owners. The goal of the program is to reduce pet overpopulation in Laramie County. To apply, please complete one application for each pet you would like to spay or neuter. Return your application to the address above. Program coordinator will contact you shortly to complete your application.

Pet Owner's Name: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

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

Email address: \_\_\_\_\_ (All contact will be via email.)

**Pet Information:**

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_ Name \_\_\_\_\_

Vaccinations Current: Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you owned the pet? \_\_\_\_\_

Housed: Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both \_\_\_\_\_

Any known allergies? \_\_\_\_\_

**NOTE:** Dogs MUST be brought in on leash. Cats MUST be in a carrier.

**PROGRAM PRICES:**

Cat Spay: \$45.00

Cat Neuter: \$30.00

Cat Neuter – Cryptorchid: \$45.00

Rabies Vaccination \$15.00

Da2PP Vaccination \$5.00

All services are Cash, credit card or debit card. Checks are not accepted.

Dog Spay under 70 lbs.: \$60.00

Dog Spay 70 lbs. or more: \$80.00

Dog Neuter: \$60.00

Dog Neuter – Cryptorchid: \$80.00

Number of people in your household: \_\_\_\_\_

**Please attach a copy of the first page of last year's tax return form 1040**

*I understand that all surgery and anesthesia carries risks, and that unforeseen conditions may be present that cannot be detected without blood screening and which can increase the risks of abnormal bleeding or death. I understand that animals of advanced age or that have never been vaccinated carry increased risks. I agree not to hold the participating veterinarian(s) or their representative(s), the Cheyenne Animal Shelter and volunteer(s), or the facility liable for damages. If the veterinarian deems that the animal is not in the condition to undergo surgery, surgery will not be performed.*

Signature: \_\_\_\_\_ hereby certify that the foregoing information is true and correct

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