

FOR OFFICE USE:			
Rec'd App			
\$	ОТ	O V	

SPAY/NEUTER ASSISTANCE PROGRAM

NTxCC is dedicated to reducing the numbers of unwanted corgis in the state of Texas by providing a program for low-cost spay and neuter. This program is available to anyone needing financial help and does not limit the number of applications per household. Surgeries are performed by Texas Coalition for Animal Protection (if in the North Texas area) or by a participating veterinarian in private practice near your home. Donations from individuals who share NTxCC's goals are used to pay for these services.

Name of Applicant(s)					
Address					
City, State, Zip					
PhoneEmail					
Name of Corgi					
Weight Age	Color				
O Male O Female Is Female in heat? O	Yes O No				
Where did you obtain your pet?					
How long have you had your corgi?					
What has prevented your pet from being spayed/neutered	until now?				
3 - p - s - s - s - s - s - s - s - s - s					
Your current Veterinarian	Phone				
Address	Email	Email			
Does your corgi need updated vaccinations? O Yes) No				
If no, when was the date of last vaccinations including Rab					
Please select a Texas Coalition for Animal Protection (T	CAP) location:				
O Allen111 N. Greenville Ave, Suite	e A Allen, TX 75002	940-566-5551			
O Arlington2400 SE Green Oaks Blvd	Arlington, TX 76018	940-566-5551			
O Burleson344 SW Wilshire Blvd, Ste.l	E Burleson, TX 76028	940-566-5551			
O Denton713 Sunset Street	Denton, TX 76201	940-566-5551			
O Fort Worth2400 Westport Pkwy, Ste. 1	100 Ft Worth, TX 76177	940-566-5551			
O Garland1235 Northwest Highwa	Garland, TX 75041	940-566-5551			
O Hurst1856 Precinct Line Rd, Ste.	. 108 Hurst, TX 76054	940-566-5551			
O Weatherford1302 S. Main Street #114	Weatherford, TX 7608	940-566-5551			

O There is no TCAP location near me.

Once you contact your veterinarian for surgery cost, NTxCC will donate a fixed dollar amount towards the spay/neuter charge.

You will be notified either by phone or email if you have been approved for spay/neuter financial assistance. At that time, please contact the TCAP location closest location and set the surgery appointment for your corgi. Once appointment is set, please email us at info@ntxcorgiconnection.org with your location and date. We will then email a voucher to you, to be used as full payment for spay/neuter at your chosen TCAP location. You will need to print the voucher and bring with you the day of the surgery. Please let us know if you need your voucher mailed to you.

If you are not located near a TCAP facility, then contact your veterinarian for cost of surgery, and submit that amount and your contact information by email to: info@ntxcorgiconnection.org We will call your veterinarian and donate a fixed dollar amount for your spay/neuter.

All donated funds are given directly to facility performing spay/neuter.

I hereby certify that I am the owner of the above referenced corgi/s. I have read about, or had explained to me, the sterilization procedure and possible side effects of the process. I believe I understand the benefits and risks of this procedure and possible side effects of the process. I hereby consent to the sterilization procedure. I further agree to hold harmless North Texas Corgi Connection (NTxCC), its volunteers or employees and agents from liability arising out of the sterilization of the above referenced corgi. I further understand that any complications arising from the procedure are the responsibility of the animal's owner and that North Texas Corgi Connection (NTxCC) cannot be held responsible for any damages associated with the follow-up care and/or treatment. I also understand that I must keep my animal sheltered and warm after surgery until the effects of anesthetics wear off, and abide by any given instructions by attending veterinarian or assistant.

I hereby represent that I am at least 18 years old and unable to pay full price for this service, therefore seek to be eligible to participate in the spay/neuter assistance program based on the following: (for office use only, information will not be shared)

O Senior (over age 65)	O Low Income	O Medicaid / Medicare	
O Student	O Out of Work	O Social Security	
Signature of Applicant			Date
Signature of Co-Applicant			Date

Email this application to info@ntxcorgiconnection.org

Or print and mail to 904 Dawnlight Drive | Denton, TX 76210

FOR OFFICE USE:					
Date pa Service	yment mades:	O Ck #	○ CCard	\$	
Payable	e to				
Phone _		Address			