

CATS	Reduced Cost for \$35,001- \$45,000 annual	Reduced Cost for \$25,001- \$35,000 annual	Reduced Cost for below \$25,000 annual	Additional Services for all households under \$45,000 annual income.		
	(per household/per animal)	(per household/per animal)	(per household/per animal)	** Additional Services are only available with a schedule appoint for Spay/Neuter.		
Neuter (male)	\$32.00	\$28.00	\$23.00	Heartworm Test (Dogs)	\$30.00	
Spay (Female)	\$47.00	\$40.00	\$31.00	Rabies (Cat and Dog)	\$13.00	(included with spay/neuter- required)
All Spays/Neuters include 3 year Rabies Vaccination						
DOGS	Reduced Cost for \$35,001- \$45,000 annual	Reduced Cost for \$25,000- \$35,000 annual	Reduced Cost for below \$25,000 annual	DHLPP	\$14.00	Distemper, Hepatitis, Parainfluenza, Parvo
	(per household/per animal)	(per household/per animal)	(per household/per animal)	Bordatella	\$14.00	(Kennel Cough- dogs only)
Neuter (male)				FVRCP	\$13.00	Rhinotrachetis, Calicivirus, Panleukopenia, Chlamydia, Psittaci
Under 40 Lbs.	\$52.00	\$41.00	\$30.00	Nail Trim	\$10.00	
40 lbs. – 99 lbs.	\$62.00	\$51.00	\$40.00	OTHER		
Over 100 lbs.	\$72.00	\$61.00	\$50.00			
Spay (female)						
Under 40 Lbs.	\$57.00	\$46.00	\$35.00			
40 lbs. – 99 lbs.	\$62.00	\$51.00	\$40.00			
Over 100 lbs.	\$72.00	\$61.00	\$50.00			
All Spays/Neuters include 3 year Rabies Vaccination						
						SUBTOTAL: \$
						PROGRAM DONATION \$
						AMOUNT ENCLOSED: \$

Preferred Vet

Owner must show proof of Income, Residency and paid county tax on each animal (Boone County Only). Limit of 4 dogs per household per calendar year. All fees must be prepaid prior to appointment date. Owner is responsible for completing all required Veterinarian forms at their office prior to appointment. Preferred Vet is not guaranteed. Owner is responsible for transportation to and from veterinarian office. Cancellations must be sent in writing or via email at least 7 days prior to appointment in order to receive a full refund. Please complete a separate form for each animal however payments can be combined. (In multi-animal households, female animals are required to be scheduled first) **Checks /Money Order payable to B.A.R.C. or PayPal (Barc_wv@yahoo.com) Please do not send cash. If paying via PayPal please note funds are for PALS Fund and list Owners Last Name and Animal(s) Name.**

PLEASE PRINT CLEARLY

Owner Name: _____	Name of Animal: _____
Address: _____ (No Po Box)	Breed : _____
_____	Description: _____
Phone # _____	Approx. Age: _____
Alt Contact # _____	Known Issues: _____ (Medical or otherwise)
Email Address: _____	Approx. Weight: _____

Females : Has dog/cat been pregnant within the last 6 months ? YES NO

Disclaimer/Release of Liability Waiver

I, _____ am the owner of _____ (dog/cat) and I understand and agree that B.A.R.C. Boone Animal Rescue Coalition, Inc. is not responsible for any of the vetting that I have chosen for my animal nor for the care / after care provided by the veterinarian thereafter. I understand and agree that B.A.R.C. Boone Animal Rescue Coalition, Inc. is only assisting with scheduling the appointment and sending payment to veterinarian for services using prepaid funds provided by the owner with this form. I do not hold B.A.R.C. Boone Animal Rescue Coalition Inc. or its volunteers, accountable for any incidents/accidents that may occur during transportation to or from the Veterinarian (in the event transportation assistance is requested). By signing below, I acknowledge that I have read the requirements on Page 1 of 2 and have provided adequate documentation. If I qualify for assistance I understand that I will not receive a payment directly however the voucher amount will be applied towards my animals vetting needs at the veterinarian facility. Although B.A.R.C. Boone Animal Rescue Coalition, Inc. is a 501c3 non-profit organization, I understand that my payment for services is not considered a donation. Donations above and beyond payments are sent directly to the PALS Fund and are considered a donation towards B.A.R.C. Boone Animal Rescue Coalition, Inc. (tax deductible EIN # 46-1140091)

Signature : _____

Date: _____

Printed Name: _____

Please return form with payment to: B.A.R.C.
PO Box 536
Danville, WV 25053

After all paperwork/payments are received, a volunteer will contact you w/available appointments. Thank You for being a responsible pet owner !!