

# Miami Veterinary Foundation Surgical Sterilization Form

# A20

Rev 9-10-20

Miami Veterinary Foundation  
11622 N. Kendall Drive (SW 88 Street), Miami, FL 33176  
E-mail as a pdf to [info@MiamiVetFoundation.org](mailto:info@MiamiVetFoundation.org) or fax to 866-651-1912

## **CLIENT INFORMATION – MUST be Miami-Dade County Resident**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Proof of Identity (Photo ID):  Driver's License  Card  Passport Email: \* \_\_\_\_\_

*\*By providing your email you agree to receive MVF program news and benefits information. Your email will never be shared.*

## **PET INFORMATION (Please fill in completely to help our Database)**

I am applying for sterilization of a:

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

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Has your pet been vaccinated? Yes  No  Date of last vaccination: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Microchip or other ID  No  Yes Chip or ID \_\_\_\_\_

**Please remember that there is a Cap OF 10 PETS PER ELIGIBLE PERSON but there is a STRICT FOUR DOG LIMIT**

## **PROOF OF ELIGIBILITY AND CO-PAY NOTICE**

The Veterinarian must submit proof (**ACOPY OF THE LETTER OF ACCEPTANCE OF ELIGIBILITY - NOT JUST A SMART CARD – SHOWING THAT THE DATES ARE STILL VALID AND CURRENT**) of one of the following, along with this signed form, for payment.

Client is responsible for the Co-Pay (Dogs \$20 and Cats \$10) directly to Veterinarian.

Medicaid - *NOT MEDICARE*  Supplemental Social Security (SSI) - *NOT SOCIAL SECURITY*  
 Jackson Memorial Hospital Clinic Care Cards  Temporary Assistance for Needy Families (TANF)  Food Stamps

## **RELEASE OF FOUNDATION FROM LIABILITY BY OWNER**

I, the undersigned Client, understand and agree that the Miami Veterinary Foundation ("MVF") shall not indemnify me for any injuries or harm to my pet. I agree to indemnify and hold harmless the MVF from any actions, suits, debts, damages, judgments, executions, claims or demands whatsoever relating to or arising from the services performed pursuant to this agreement.

I also understand and agree that the MVF makes no warranty nor assumes any liability for any actions of the Veterinarian. I further certify that I have not reached the limit of FOURDOGS or 10 Pets total per Eligible Person.

**Owner's Signature (or Legally Responsible Guardian living in same household if Eligible Person is a Minor:**

Owner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **CERTIFICATION OF PROCEDURE**

This is to certify that the above animal was surgically sterilized on \_\_\_\_\_ by Dr. \_\_\_\_\_

Was Rabies Vaccine Given: Yes  No  Rabies Certificate issued or provided Yes  - include copy No

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_