



FAQ's



- Applications are available online or in person at the Humane Society of Marion County located at 701 NW 14th Rd Ocala FL 34475.
- Applications are to be brought in person to the Shelter. No digital applications will be accepted.
- Incomplete applications will not be accepted.
- Limited spots are available and please be patient with this process.
- Typically surgeries will be on the last Thursday of every month.
(The date is subject to change.)
- Please allow 5-7 business days for review and/or approval.
- There is a \$10 co-pay due upon approval. The \$10 is non-refundable.
- Limited spots will be available each month.
- The surgery itself will be performed at: Ocala Square Animal Clinic located at 3631 NE 8th place Ocala FL 34470.
- No feral animals will be accepted.
- No female dogs over 75lbs.
- No animals over 7 years of age.

Prior to surgery

- All animals must be flea free.
- Bathed the day prior or the day of.
- No food for the animal after 12 midnight the day prior (water is okay).



**APPLICATION AND ELIGIBILITY VOUCHER FOR LOW-COST SPAY/NEUTER AND RABIES
VACCINATION SERVICE (SERVICES) BY THE HUMANE SOCIETY OF MARION COUNTY (HSMC),
OCALA SQUARE ANIMAL CLINIC, INC. (OSAC), AND LIDIA ALBANO, DVM,
(COLLECTIVELY "THE PROVIDERS")**

This application must be truthfully and fully completed, signed by the Applicant named
below, and submitted with Proof of Eligibility.

NAME _____ PHONE _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ DL# _____ (Applicant)

Check the following programs from whom you are getting benefits or assistance (If any)

Food Stamps ___ Medicaid ___ Section 8 Housing ___ SSI ___ WIC ___ VA ___ Other ___

If other please explain _____

Attach proof of eligibility (Copies of assistance cards, forms or current statements etc.)

Do not attach original documents.

Total number of people who live in your house (including yourself) _____.

Total household income (before taxes) of all people who live in the home _____.

Please circle one: Weekly Bi-weekly Twice a month Monthly Yearly

NOTE: It is against the law to give false statements about your income.

Type of animal: Cat ___ Dog ___ Male ___ Female ___

Animal's Name: _____ Breed _____ Color _____

Weight (approx.): _____ Age (approx.): _____

RESTRICTIONS ON SERVICES

NO FEMALE DOGS OVER 75 LBS, NO FERAL CATS AND NO ANIMALS OVER 7 YEARS OF AGE.

THE ELIGIBILITY OF ANY APPLICANT FOR THE SERVICES WILL BE DETERMINED BY HSMC IN ITS SOLE AND ABSOLUTE DISCRETION.

AS THE APPLICANT, I CERTIFY THAT I AM THE OWNER OF THE ANIMAL DESCRIBED ABOVE.

I CONSENT TO THE SPAY / NEUTER AND RABIES VACCINATION OF THAT ANIMAL (SERVICES) AND AGREE TO PAY A CO -PAYMENT OF \$10.00, PRIOR TO THE RENDITION OF THE SERVICES. ANY TREATMENT OR RENDITION OF VETERINARY SERVICES FOR ANY COMPLICATIONS, WHICH MAY RESULT FROM THE SERVICES, WILL BE AT EXPENSE OF THE APPLICANT.

THE ANIMAL MUST BE FREE OF FLEAS AND BATHED THE DAY BEFORE SURGERY. I GIVE PERMISSION TO HSMC TO CONTACT ANY GOVERNMENTAL AGENCY OR CHARITY, FROM WHOM I RECEIVE BENEFITS, SO THAT IT CAN CHECK THE VERACITY AND ACCURANCY OF THE INFORMATION PROVIDED BY ME.

SIGNATURE: _____ DATE: _____

PROVIDERS NON-LIABILITY AGREEMENT

Part of the Service your Animal is undergoing is Spay/Neuter surgery. There are risks involved with this surgery itself. The Services also include the use of anesthesia, other drugs and other procedures. Injury, death, and unforeseen complications can arise as a result of rendition of any of the Services. I waive the right to sue or institute any type of legal action against The Providers, their employees, agents, associates and assistants which may arise as a direct or indirect result of the Services. I understand, acknowledge and assume all risks and accept all responsibility for any occurrence that may result in the death or injury of the Animal, and further affirm that I will not hold The Providers legally responsible for any such injury or death.

I also understand and acknowledge that The Providers may refuse to perform the Services on any Animal for any reason.

SIGNATURE: _____ DATE: _____

