

SPAY DAY USA 2006 SACRAMENTO - FEBRUARY 26, 2006

VETERINARY PARTICIPANT INFORMATION

CLINIC NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CONTACT NAME: _____

SURGERY PLANS

Surgery Type	Client Copay	SAAC Payment (dollars)	Total		Quantity		Spay Day Compensation (dollars)
Canine OVH							
SM (< 20lbs)	\$20	\$25	\$45	x	<input type="text"/>	=	\$ _____
MD (21-50 lbs)	20	40	60	x	<input type="text"/>	=	\$ _____
LG (> 51lbs)	20	60	80	x	<input type="text"/>	=	\$ _____
Canine Neuter	\$20	\$20	\$40	x	<input type="text"/>	=	\$ _____
Feline OVH	\$10	\$25	\$35	x	<input type="text"/>	=	\$ _____
Feline Neuter	\$10	\$5	\$15	x	<input type="text"/>	=	\$ _____
SUBTOTAL					<input type="text"/>		\$ _____
					surgeries		payment
LESS CHARITABLE CONTRIBUTION TO SAAC (TAX-DEDUCTIBLE)							\$ _____
GRAND TOTAL							\$ _____

COMMITMENT

On behalf of the clinic named above, I, _____, commit to offering the spay/neuter surgeries described above in service of SPAY DAY USA 2006 SACRAMENTO, in conjunction with the SACRAMENTO AREA ANIMAL COALITION (SAAC). I understand that SAAC will provide a microchip and vaccinations for each client animal and a t-shirt and lunch/drink for each volunteer. I further understand that our participation in SPAY DAYUSA 2006 SACRAMENTO will be promoted in the media, the SAAC web site and on the t-shirts. Final payment from SAAC will be sent within 30 days of SPAY DAY USA 2006 SACRAMENTO based upon our submission of forms indicating actual surgeries completed.

SIGNED: _____

DATE: _____

***** PLEASE FAX COMPLETED FORM TO LIZ ROWLEY, RVT AT (916) 722-0437 BY DECEMBER 1, 2006. *****