



## SPAY ILLINOIS PET WELL CLINICS

100% Initiative  
Special Rescue Partners Program Enrollment Form

***The 100% Initiative is a collaboration between Spay Illinois and registered 501c3 rescue groups and animal shelters***

**Organization Name:**

**Organization Address:**

**Organization Phone Number:**

**Organization Email:**

**Lead Authorized Contact Name & #:**

**Lead Authorized Contact Email:**

**Authorized Representative Name & #:**

**Authorized Representative Name & #:**

\*Authorized Staff are members of your organization who you authorize to seek veterinary care for animals on your behalf.

**Please attach a copy of your organizations 501C3 form (required)**

### **Organization Certification**

Our organization is eligible to participate in Spay Illinois' 100% Initiative Special Rescue Partners program. We only adopt out animals that have been spayed or neutered. If my organization brings in an animal that has previously been adopted out prior to spay/neuter I understand that the organization will be charged full price for that pet's care.

### **Authorized Representatives**

All of the individuals listed above are allowed to schedule and authorize services to be done. The Lead Contact for the organization listed above certifies that s/he has the authority to execute this agreement and is the authorized agent for the animals presented by this organization.

### **Authorized Services**

Spay Illinois is authorized to provide the product and/or perform the services indicated on the Foster Authorization form completed by an Authorized Representative member. Pricing for standard services are listed on the 100% Initiative Special Rescue Pricing List, which may be updated by Spay Illinois without notice. The staff of Spay Illinois is authorized in a non-emergency or emergency case, to follow through with any necessary procedures for the well being of our animal(s) on a continuing basis until further communication is established. Services provided in an emergency situation are considered authorized services.

### **Payment Terms**

Payment in full will be made to Spay Illinois for all Authorized Services provided for animals presented by Authorized Representative(s). Payment is due no later than the day products are delivered and/or services are performed. Itemized invoices will be provided for each animal. Spay Illinois is authorized to charge the credit card provided on the Credit Card Authorization form for all charges, the day of procedure or services rendered. Payment for any outstanding invoice balance will be made with a credit card or cash, at pick up.

### **Drop Off/Pick up**

Spay Illinois strives to help the greatest number of animals and families in need. We fill our surgery day appointments and schedule our staff to accomplish this each day. It is important to arrive for drop off and pick up at the advised time. Drop off is between 7am and 7:45am the day of

your scheduled surgery appointment. We accept all pets until 8am, after 8am pets will be turned away and the no show fee will apply. Pick up for dogs is between 2:00-3:00pm, cats 3:30pm-4:30pm. If you are picking up dogs and cats you may pick up until 4:30pm for both.

**No Shows**

No shows affect our ability to accomplish our goals and waste precious resources. Necessary cancellations and re-schedules are allowed, within reason, with at least 48 hours' notice. In the event of a no show, there will be charged a \$25 fee per pet. In the event of a no show, all future scheduled services will require a deposit of \$25/pet. Payment for deposits is due by credit card when scheduling the appointment. If a deposit has been paid and cancellation is made at least 48 hours in advance of the scheduled surgery day, the deposit will be refunded or applied to your account, as directed. If a no show happens with a deposit, you will have forfeited the deposit and it will go as a donation to Spay Illinois.

Authorized Contact Name: \_\_\_\_\_  
Authorized Contact Signature: \_\_\_\_\_  
Date: \_\_\_\_\_