



# Lucky Star Spay Neuter Program 2025 Registration Form

During the year 2025, I will provide the number of spay/ neuter surgeries and other procedures I have listed below, at absolutely no cost to the rescue group, shelter or needy animal of my choice:

<u>Procedure</u>	<u>Number</u>
Spay or Neuter Surgery(ies)	_____
Other Services: _____	_____
_____	_____
_____	_____

(Such as exam, rabies vaccination, deworming, FELV&FIV or Heartworm test, Fecal Analysis, Distemper(DA2PP), FELV Vaccination)

If you wish to limit your pledge further at this time, we will incorporate any of the following limitations into the custom certificate we will send to you. (Pls check any that you wish to apply) In any event, any and all decisions relative to making or fulfilling your pledge are yours at all times.

\_\_\_\_\_pledge limited to male/female animals (circle one)  
\_\_\_\_\_pledge limited to cats/dogs (circle one)  
\_\_\_\_\_pledge applies only to animals brought in by the following shelter/rescue group(s):  
\_\_\_\_\_

\_\_\_\_\_Pls add any other restrictions you want reflected in your certificate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the Program to use only the following information in any publicity: My name, hospital affiliation, town/city, and pledge numbers.(The Program will not publish any Phone, Fax, or Email info, requested below only to assist in program administration.)

**Signed: Dr.** \_\_\_\_\_

Please **Print** the Following Information:

(\*)Name: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

(\*) Pls add any additional Drs to be listed on the certificate: \_\_\_\_\_

Hospital: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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Please mail this form to: Lucky Star Spay Neuter Program,  
c/o R. Shields, 12 Birch Lane, Morristown, N.J. 07960.  
Please Email any questions to: [luckystarprogram@att.net](mailto:luckystarprogram@att.net),  
or call (973) 267 5673. Thank you very much!