



MARYLAND DEPARTMENT OF AGRICULTURE
SPAY AND NEUTER GRANTS PROGRAM
FY26 PRICE ASSURANCE FORM

This letter is to guarantee that the price quoted for the spay/neuter procedures identified in the application submitted by _____
(Name of Applying Organization)

will not increase for the FY26 Grant period of performance stated on our application to the Maryland Spay and Neuter Grants Program.

The agreed price is as follows (fill in all that are applicable to this project). There should only be one price per surgery type. Do not list ranges.

Veterinarian and/or clinic license numbers and state of licensure are required.

Cost: Spay-cat-not to exceed: \$ ____/per cat Cost: Neuter-cat-not to exceed: \$ ____/per cat

Cost: Spay-dog-not to exceed: \$ ____/per dog Cost: Neuter-dog-not to exceed: \$ ____/per dog

Signed by:

(Signature of Veterinarian)

(Date)

(Print Name and License #)

(State of Licensure)

OR

Cynthia Sharpley

(Signature of Clinic Representative)

(Date)

(Print Name and Title)

(Name of Clinic and License #)

(State of Clinic Licensure)