



MARYLAND DEPARTMENT OF AGRICULTURE
SPAY AND NEUTER GRANTS PROGRAM
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 FY27 Grant period of performance.

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: \$85.00/per cat Cost: Neuter-cat-not to exceed: \$75.00/per cat

Cost: Spay-dog-not to exceed: \$150.00/per dog Cost: Neuter-dog-not to exceed: \$150.00/per dog

Signed by:

(Signature of Veterinarian)

(Date)

(Print Name and License #)

(State of Licensure)

OR

Cynthia Sharpley

(Signature of Clinic Representative)

3/24/2026

(Date)

Cynthia Sharpley - Director

(Print Name and Job Title)

Paw Prints Animal Hospital 08-022

(Name of Clinic and License #)

Maryland

(State of Clinic Licensure)