



SPAY / NEUTER VOUCHER APPLICATION

Name		Date
Email		Phone
Mailing Address		
Physical Address		
City	State	Zip

DOG CAT MALE FEMALE

NAME OF ANIMAL: _____ BREED: _____

COLOR: _____ AGE: _____ WEIGHT: _____

CONTRIBUTION / CO- PAY INFORMATION

The Petersburg Humane Association spay/neuter grant-in-aid program provides financial assistance to pet owners or concerned individuals who cannot otherwise afford to have their animal spayed or neutered. Spay and neuter procedures are performed at Waterways Veterinary Clinic.

Please be advised, this spay/neuter voucher covers routine spay and neuter procedures plus the cost of the pet's pre-surgical exam. Active uterus surcharges, additional medications or extraordinary procedures are not covered by PHA and are the financial responsibility of the owner.

AS A PARTICIPANT IN YOUR PET'S CARE, YOU ARE ENCOURAGED TO CONTRIBUTE AS MUCH AS YOU CAN AFFORD TOWARD THE COST OF THE PROCEDURE.

WE REQUIRE A MINIMUM OF \$105.00 FOR A CAT / \$145.00 FOR A DOG

Please tell us about why you are requesting spay/neuter assistance: _____

Please indicate the amount you will pay in the space provided below. Return your application to a PHA board member, or email to pha@petersburghumane.org, or mail application to PHA (address top of page) for approval.

I will contribute \$ _____ . (Pay directly to the veterinary clinic).

PHA USE ONLY

Reviewed by: _____ APPROVED DENIED

Grant sent on (date): _____ Grant Amount: \$ _____

Spay/neuter operation completed on date: _____ Total Cost of spay/neuter: \$ _____

Invoice# _____ Date Paid: _____