



**PETERSBURG
HUMANE
ASSOCIATION**

REVISION 4/2025

**PO BOX 1417
PETERSBURG, AK 99833
907-518-1091 CALL OR TEXT**

GENERAL APPLICANT SPAY / NEUTER VOUCHER APPLICATION

PHA FINANCIAL ASSISTANCE PROGRAM

The Petersburg Humane Association provides financial support for pet spay/neuter procedures to those who could not otherwise afford these essential services.

Qualified low-income applicants receive special assistance (PLEASE USE LOW INCOME APPLICATION PDF).

For those who don't qualify for low-income support, PHA may still provide a voucher worth **\$200 toward cat spay/neuter** procedures or **\$300 toward dog** procedures.

**COMPLETE BOTH PAGES OF THIS FORM AND SUBMIT TO PHA FOR REVIEW.
APPROVAL MUST BE RECEIVED BEFORE ANY PROCEDURE CAN BE PERFORMED.**

PLEASE PRINT CLEARLY

| | | |
|-------------------------|--------------|------------|
| Name | Date | |
| Email | Phone | |
| Mailing Address | | |
| Physical Address | | |
| City | State | Zip |

☐ DOG ☐ CAT ☐ MALE ☐ FEMALE

NAME OF ANIMAL: _____ BREED: _____

COLOR: _____ AGE: _____ WEIGHT: _____

WHERE DID YOU OBTAIN THIS ANIMAL? ☐ FRIEND/FAMILY ☐ SHELTER/RESCUE ☐ STRAY ☐ BREEDER

OTHER (PLEASE SPECIFY) _____

PLEASE TELL US WHY YOU REQUIRE FINANCIAL ASSISTANCE:

PLEASE READ AND INITIAL:

IF APPROVED GENERAL APPLICANTS will receive a voucher to be applied towards the cost of spay/neuter surgery: \$200 for a cat, or \$300 for a dog. The voucher is valid for one year from the date of approval.

INITIAL HERE _____

CERTIFICATION: I confirm that I am 18 years of age or older and that all information provided is accurate to the best of my knowledge. I understand that my application requires approval before scheduling any spay/neuter procedure.

My pet will receive care from a licensed veterinarian who may recommend additional tests or vaccines at my expense. I acknowledge the inherent risks associated with medical procedures and surgery, and I agree to follow all post-procedure care instructions provided by the veterinary team.

APPLICANT'S SIGNATURE

TODAY'S DATE

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PHA USE ONLY

Reviewed by: _____

APPROVED ☐ DENIED ☐

Date: _____

Date operation was completed: _____

Invoice# _____

Date Paid: _____

GENERAL GRANT AMOUNT \$ _____
(applied toward surgical cost)