



Rev 03.8.2023

For HSTC use only

Cert # _____

Payment type: Cash CC _____

Payment Amount _____

Void Date _____

Spay/Neuter Voucher Application

Owner Name _____

Street Address _____

City, State & Zip _____

Home () _____ Cell () _____

Email _____

Pets Name _____ Age _____ Weight _____

Breed _____ Color(s) _____

Dogs \$100 Voucher fee Male () Female ()

Emergency contact for microchip registration:

****Emergency contact must be someone other than owner****

First and last name: _____ Phone Number () _____

Spay/Neuter voucher fees are non-refundable and non-transferable. Payments are due in full to The Humane Society of the Treasure Coast, Inc., and must be paid in full before a voucher can be received. The Humane Society of the Treasure Coast, Inc. is a non-profit organization funded by donations. We offer low cost spay/neuter to pet owners by paying the portion of the veterinarian charges not covered by the pet owner. **This voucher only covers the spaying or neutering of the animal, a microchip and a rabies vaccination. Additional vaccines, testing, or exams are the responsibility of the pet owner and will not be covered by The Humane Society of the Treasure Coast, Inc. When scheduling please be sure to state that you have an HSTC voucher.**

This spay/neuter voucher may only be used at one of the following Veterinarians listed below in bold. Once you have purchased your spay/neuter voucher it is your responsibility to schedule your appointment. Please note that you have 90 days from the date of purchase to use this voucher.

Palm City Animal Hospital**	772-283-0920	3090 SW Mapp Rd., Palm City
Prima Vista Animal Hospital**	772-336-9300	250 SW Prima Vista Blvd, Port St. Lucie
All Creatures Animal Hospital	772-283-0101	5885 S Kanner Hwy, Stuart

**** These clinics have additional charges that HSTC voucher DOES NOT cover. It is your responsibility to pay any additional fees.**

I have read and understand the above spay/neuter voucher program. I hereby hold harmless The Humane Society of the Treasure Coast, Inc., its employees, officers and directors, from any and all claims or causes of action related to my use of this voucher.

Pet Owner Signature _____ Date _____

Microchip #

For Program Manager Use Only