

Rev 11.30.2023

			For HSTC use only		
Spay/Neuter Voucher Application			Cert # Payment type: Cash CC Payment Amount Void Date		
Owner Name					
Street Address					
City, State & Zip				-	
Home ()	Cell()				
Email				-	
Pets Name	Age	_ Weig	jht		
Breed	Color(s)			_	
Dogs \$125 Voucher fee M	ale () Female ()			
Emergency contact for micro **Emergency contact must be		owner	**		
First and last name:		_ Phon	e Number (()	
Spay/Neuter voucher fees are non- Society of the Treasure Coast, Inc. Society of the Treasure Coast, Inc. spay/neuter to pet owners by payin voucher only covers the spaying Additional vaccines, testing, or of The Humane Society of the Treas	, and must be paid in full is a non-profit organization of the portion of the vetering or neutering of the ani exams are the responsite	before a on funde inarian c <u>mal, a n</u> <u>pility of</u>	a voucher can ed by donation charges not co nicrochip and the pet owne	be received. The Humane ns. We offer low cost overed by the pet owner. <u>T</u> d a rabies vaccination. er and will not be covered	<u>his</u> by
an HSTC voucher. This spay/neuter voucher may only					
have purchased your spay/neuter v that you have 90 days from the dat	voucher it is your respons	ibility to	schedule you		
Palm City Animal Hospital** Monterey Animal Clinic				m City FL 34990 uart FL 34994	
** These clinics have additional	charges that HSTC vou	cher DO	ES NOT cov	er. It is your responsibilit	<u>y</u>
to pay any additional fees. I have read and understand the ab Society of the Treasure Coast, Inc. action related to my use of this vou	, its employees, officers a				of
Pet Owner Signature			Date	9	
		Micro	ochip #]	

For Program Manager Use Only