



**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 \$125 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.

**Monterey Animal Clinic                      772-283-3756                      2251 S Kanner Hwy., Stuart FL 34994**

**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 #**

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*For Program Manager Use Only*