

APPLICATION FOR SPAY/NEUTER VOUCHER

Please Print Legibly and fill out the info for the person applying for the voucher

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

What kind of assistance are you on? _____

Have you ever gotten vouchers through Harvest Hills before? **YES** **NO**

If yes, when? _____

Do you have a regular veterinarian? **YES** **NO** If yes, who? _____

How many and what kind of animals are in the home?

Voucher(s) you are applying for: **DOG** **CAT**

Breed _____ Sex _____ Age _____ Weight _____

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Please initial the following statements:

_____ I understand these vouchers are not transferable

_____ I understand that if I have gotten vouchers before from Harvest Hills I am not eligible for more vouchers, unless discussed with Harvest Hills Staff

_____ If I cannot use this voucher I will return it so Harvest Hills can use it for someone else in need

I Certify that the above information provided is true and accurate. I further certify that neither myself or anyone in my household has been charged with animal cruelty or neglect

Signature _____

Date _____

Approved

Denied

HHAS Employee _____ Date _____