

Approved by: _____ Date: _____ Voucher # _____ Voucher # _____



CALAVERAS HUMANE SOCIETY

Spay/Neuter Voucher Request Form

LOW-INCOME Spay/Neuter Assistance to aid Calaveras County & Bear Valley residents.

APPLICANT INFORMATION

Owner Name(s): _____ Request Date: _____

Residence Address: _____
Street City Zip

Mailing Address: _____
Street/PO Box City Zip

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Email Address: _____

ANIMAL INFORMATION

CATS – IS THIS A CAT(S) YOU ARE PLANNING TO HAVE DECLAWED?: Yes No
(The Humane Society WILL NOT provide or reimburse for vouchers if the owner is going to have a cat declawed.)

DOGS – IS THIS DOG(S) LICENSED WITH THE COUNTY?: Yes No
(If not, we request owner license dog as an agreement to receiving financial aid from the Humane Society.)

FIRST ANIMAL

Name: _____ **Gender:** Male Female
Age: Under 6 mo. 6 mo.–2 yrs. 2 yrs. & over
Dog Breed: _____ **Cat:** Domestic Feral

SECOND ANIMAL

Name: _____ **Gender:** Male Female
Age: Under 6 mo. 6 mo.–2 yrs. 2 yrs. & over
Dog Breed: _____ **Cat:** Domestic Feral

Veterinary Office: _____
Name City

Date of Spay/Neuter Appointment: _____ (month/day/year)

Your voucher will be sent directly to your vet. Please submit completed form at least 7-10 days before your appointment in one of the following ways:

Print & Deliver to CHS Office:
901 Jeff Tuttle Drive
San Andreas
(209) 736-9417
Mon-Thurs, 10am-4pm / Fri, 10am-1pm

Print & Mail to:
Calaveras Humane Society
ATTN: Voucher Requests
P.O. Box 1390
San Andreas, CA 95249

Fax to:
(209) 736-2134
Email to:
chs@calaverashumane.org
Website: calaverashumane.org