

For Office Use Only

Approved by: _____

Date: _____

Voucher #: _____



VOUCHER REQUEST FORM
Spay/Neuter Assistance
for Calaveras County Residents

APPLICANT INFORMATION

Owner Name: _____ Request Date: _____

Mailing Address: _____

Street or PO Box

City

ZIP

Phone: (_____) _____ Email Address: _____

ANIMAL INFORMATION

If this is a cat, are you planning to have it declawed? Yes No

(The Calaveras Humane Society will not provide a spay/neuter assistance voucher if the owner is going to have the cat declawed.)

FIRST ANIMAL

Gender: Male Female

Name: _____ Age: Under 6 mos. 6 mos.-2 yrs. 2 yrs. & over

If dog, breed: _____ If cat: Domestic Feral

SECOND ANIMAL

Gender: Male Female

Name: _____ Age: Under 6 mos. 6 mos.-2 yrs. 2 yrs. & over

If dog, breed: _____ If cat: Domestic Feral

Veterinary Office: _____

Name

City

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

Your voucher will be sent directly to your veterinarian's office. Please submit completed voucher request at least 7-10 days before your appointment in one of the following ways:

Print & Deliver to CHS Office:

1209 Highway 49
 Angels Camp
 (209) 736-9417
 Mon-Fri, 10am-4pm

Print & Mail to:

Calaveras Humane Society
 ATTN: Voucher Requests
 PO Box 528
 Altaville, CA 95221-0528

Scan and Fax to:

(209) 736-2134

Scan and Email to:

chs@calaverashumane.org