

SPAY/NEUTER ASSISTANCE PROGRAM



HUMANE SOCIETY OF NELSON COUNTY

**2391 New Haven Road
Bardstown KY 40004 502-349-2082
hsncpets@bardstown.com**

Authorized amount _____

Voucher # _____

Owner's Name _____
(last) (first)

Address _____ **Phone** _____
(street) (city) (zip)

Pet's name _____ **Cat** **Dog** **Male** **Female** **Age** _____

Breed _____ **Description** _____ **Weight** _____

Pregnant? yes no **In heat?** yes no

RECEIVING ASSISTANCE?(circle all that apply): Food stamps Medical card SSI
WIC voucher Unemployment Disability Other (explain) _____

Referred to: _____
(name of veterinarian/clinic) (phone)

(address - street, city, zip)

PLEASE NOTE: THIS VOUCHER IS NULL AND VOID IF DECLAWING, TAIL DOCKING, EAR CROPPING, OR ANY OTHER MUTILATING PROCEDURE IS DONE AT THE TIME OF SPAY/NEUTER SURGERY.

THIS VOUCHER IS NON-NEGOTIABLE, NON-TRANSFERABLE, AND MUST BE USED WITHIN 30 DAYS FROM THE DATE OF ISSUE. Please notify our office if you cannot meet this deadline or cannot use this voucher for other reasons.

VETERINARIANS: When you submit your bill to us, please include: (1) this voucher, (2) a copy of the owner's bill showing his/her name and address and the total paid to you, and (3) your invoice to us. Thank you.

Authorized by _____ **Date of Issue** _____