



STRAY NO MORE VOUCHER



FOR THE 'DISCOUNT' SPAY/NEUTER PROGRAM

This program is specifically designed for people requiring financial assistance.

*****PLEASE TELL THE VET YOU ARE USING THIS PROGRAM*****

Your name: _____ Telephone #: _____

Address: _____ City: _____ FL. Zip: _____

Pet to be altered- Name: _____ dog/cat (circle) Breed: _____
(No feral cats)

Spay (female): _____ Neuter (male): _____ (check which one applies)

Age: _____ Weight: _____ Vaccinated at: _____ Date: _____

Heartworm Test at: _____ or Feline Aids/Leukemia Test: _____

[Please bring proof of vaccinations, and test to the vet that you have chosen on appointment day]

Please write the veterinarian you choose to spay/neuter your pet and the agreed upon fee for the surgery. (Choose one from the online list).

>> *Veterinarian chosen: _____

DISCOUNTED price you are paying veterinarian for spay or neuter: \$ _____.

(Remember to check with the veterinarian about any other costs that will apply)

Remember you are responsible for office exam, (if one applies) vaccinations, tests, medicine, or any other cost necessary for your pet's health. PLEASE CHECK WITH THE VET.

Please note- only 3 pets per household may use this special program per year! THIS PROGRAM IS NOT FOR PETS ADOPTED FROM RESCUE ORGANIZATIONS OR SHELTERS. PBC law states: Rescue groups shall provide for the sterilization of all adopted dogs/cats.

Directions:

- 1.) Print out the VOUCHER. Fill in the information and take to the vet.
- 2.) YOU must call the vet and tell them you are using the Stray No More Discounted Program in order to get the special price listed on the website.