## **Petersburg Humane Association**

PO Box 1417, Petersburg, AK 99833

www.petersburghumane.org 907 518-1091

## **Spay/Neuter Voucher Application**

| Date:   | _                           |                         |                       |                   |
|---|-----------------------------|-------------------------|-----------------------|-------------------|
| Pet Owner/Responsible Par   | ty Name:                    |                         |                       |                   |
| Telephone#  |                             |                         |                       |                   |
| Mailing Address:  |                             |                         |                       |                   |
| Pet Name:   | Age                         | Weight                  | Male / Female         | Dog / Cat         |
|   | Contribution / Co           | o-Pay Informat          | ion                   |                   |
| The Petersburg Humane Assoc<br>concerned individuals who car<br>procedures are performed at N | nnot otherwise afford to ha | ive their animal s      |                       |                   |
| Please be advised, this spay/ne<br>costs of pre-surgical exams, ac                            | ,                           | 18 E                    | 1/2                   | *                 |
| As a participant in your pet's on the procedure (at least \$45.00)                            |                             |                         | uch as you can afford | toward the cost o |
| Please tell us about why you a contributions, please tell us wl                               |                             |                         |                       |                   |
|   |                             |                         |                       |                   |
|   |                             |                         |                       |                   |
| Please indicate the amount<br>board member or send in th                                      |                             |                         | w. Return your appli  | ication to a PHA  |
| I will contribute \$  |                             | (Pay dire               | ctly to the veterinar | y clinic).        |
|   |                             |                         |                       |                   |
| PHA USE ONLY  |                             |                         |                       |                   |
| Reviewed by:  |                             | Approved / De           | enied                 |                   |
| Grant sent on (date)  |                             | Grant Amount: \$        |                       |                   |
| Spay/neuter operation completed on  | (date) Total co             | ost of spay/neuter: \$_ |                       |                   |
| Invoice #   | Date                        | Paid                    |                       |                   |

Revised 05/2017