



# Placer Society for the Prevention of Cruelty To Animals Spay/Neuter Assistance Program

150 Corporation Yard Road—Roseville, CA 95678  
(916) 782-SPCA (7722) x 201/104 (530) 885-7387 x 201/104

Voucher #: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Owner Address: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ City, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### PLACER SPCA—SPAY/NEUTER VOUCHER FOR PAYMENT

This voucher will be honored by the Placer SPCA when promptly executed and submitted by the attending Veterinarian for spay or neuter procedure performed on the animal described below. This voucher will be honored for spay/neuter procedures only.

**Owner Payment: \$** \_\_\_\_\_ **SPCA Payment:\$** \_\_\_\_\_

Dog  Cat  Rabbit  Male  Female  In Heat/Pregnant

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

How did you obtain the animal?: \_\_\_\_\_

How did you hear about SNAP?: \_\_\_\_\_

Authorized Placer SPCA Representative: \_\_\_\_\_

### ***Veterinary Certification***

Animal Taken To: \_\_\_\_\_  
Veterinary Name, Address, Telephone #

I certify that I am a California Licensed Veterinarian and that I performed a spay/neuter on the above described animal on \_\_\_\_\_ 20 \_\_\_\_\_. I hereby submit this voucher for payment of services rendered.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ License#: \_\_\_\_\_

You will receive an endorsed copy of this form by mail, along with further instructions for utilizing your voucher at a participating veterinary clinic.