



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.