



Floyd County Humane Society
P.O. Box 1134
New Albany, IN 47151-1134
Phone: (812) 941-3680

Spay/Neuter Assistance Request Form

I expressly state that the animal described below is my pet. I understand that to receive an assistance voucher, that the voucher can only be used for my pet described below. I understand that this voucher cannot be transferred to another person. I hereby release and hold harmless the Floyd County Humane Society from any and all liability for any damages or injuries arising from my use of this voucher or the spaying or neutering of my below described pet. I understand that this voucher may not cover the entire cost of the procedure and/or veterinarian visit and that I will be responsible for payment of the balance of the veterinarian bill. I also understand that it is my responsibility to verify that the veterinarian is still participating in the program at the time the service is rendered. Voucher expires 60 days from issuance.

ALL FIELDS ARE REQUIRED

Pet Owner's Information

Your Name:

Your Email:

Your Address:

Your City:

Your State:

Your Zip:

Your Phone:

Pet Information

Pet's Name:

Type:

Breed:

Sex:

Age:

Estimate Weight: