

# SPAY/ NEUTER VOUCHER PROGRAM APPLICATION

Please bring to SafeHaven Humane Society with cash-only payment  
 32220 Old Hwy 34 Tangent, OR 97389 (541) 928-2789



Name:	Email:
Address:	Phone:
City:	Alternate Phone:
State:	Zip Code:

How did you hear about our program?

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Please briefly describe why you need this service:

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## Qualifications for our program (please check all that apply):

- Low Income\*
- Receiving Federal or State Financial Assistance
- Senior Citizen

\* As defined by the 2019 poverty guidelines for the 48 contiguous states. Please see information page for said guidelines.

Cat's Name	Age	Color	Breed	Male/Female

## Maximum of 4 vouchers per year, per household.

I hereby certify that the information I have provided is truthful and correct to the best of my knowledge. I hereby agree to waive any and all claims for damages against SHHS and participating veterinary clinics, it's officers and employees in the event of death or injury to the animal during the surgical sterilization process. Furthermore SHHS will not be held liable for any additional charges related to the voucher beyond the face value of the voucher. I understand that many veterinarians require specific vaccinations prior to sterilization, and I will be responsible for compliance with these requirements. I understand that if the participating veterinary clinic determines that my pet is unmanageable, dangerous, vicious, wild or in any way demonstrates the potential to injure animal care personnel, the participating veterinary clinic reserves the right to refuse to spay or neuter your pet.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_