



Spay - Neuter COUPON

HOW TO APPLY: Submit this form with copy of proof of eligibility you have selected below (card or approval letter) by mail to:

Suwannee Valley Humane Society, 1156 SE Bisbee Loop, Madison FL 32340

OR you may SCAN & e-Mail to: SuwanneeValley@embarqmail.com

Phone 850-971-9904 Website www.SuwanneeValleyHumaneSociety.us

OWNER'S NAME: _____

Phone Number(s): 1) _____ - _____ - _____ 2) _____ - _____ - _____

ADDRESS: _____, _____ FL _____
Street or P.O. Box City Zip Code

E-MAIL Address: _____

CHECK ONE OF THE FOLLOWING: Enter ID NUMBER for the Government Benefit you receive. Provide copy of card or letter proving receipt of benefit which must be in the name of the Applicant, not a minor child.

FOOD STAMP Program ID #: _____

MEDICAID (not Medicare) ID #: _____

SSI (Supplemental Security Income) ID #: _____
(This is NOT regular or disability from Social Security Administration)

PET INFORMATION: *Check boxes that apply.*

FERAL CATS: Enter Number of Cats: _____ (if known: male _____ # female _____ #)

or

PERSONAL PET(S): *For more than 2 pets, complete a new application.*

Cat Dog Dog NAME: _____ Est. Age: _____ Est. Weight: _____ lbs
(under 41 lbs) (over 40 lbs) Male or Female? _____ DOG: Breed or Mix: _____

Cat Dog Dog NAME: _____ Est. Age: _____ Est. Weight: _____ lbs
(under 41 lbs) (over 40 lbs) Male or Female? _____ DOG: Breed or Mix: _____

DO NOT WRITE BELOW THIS LINE.

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COUPON NUMBER: _____ **ISSUED:** _____ - _____ - _____ **EXPIRES:** _____ - _____ - _____

APPROVED BY: _____
Signature of Humane Society Official

