



# *"Pet Fix: Save Lives"*

## **Spay - Neuter Coupons to fix your Dogs & Cats**

*Rabies Shot & Pain Meds Included*

*Suwannee Valley Humane Society*

e-mail: [suwanneevalley@embarqmail.com](mailto:suwanneevalley@embarqmail.com)

PHONE 850-971-9904

Website: [www.suwanneevalleyhumanesociety.us](http://www.suwanneevalleyhumanesociety.us)

**Eligibility:** Reside in Florida county:

Madison, Jefferson, Hamilton, Suwannee or Gadsden. Adult owners must be receiving one of the following government benefits: SNAP Food Stamps, Medicaid, or SSI (Supplemental Security Income (not social security)).

Spay/Neuter surgeries are performed at "South Georgia Low-Cost Spay Neuter Clinic" in Thomasville, GA.

**COST to Owners:** \$20 Pet CATS (male-female) - \$10 Feral CATS  
DOGS (male-female): \$25 if 40 lbs. or less -- \$35 if over 40 lbs.



We are grateful to Florida Animal Friend for a grant via Florida's Specialty License Plate fund. Find details on this program & plate;

[www.FloridaAnimalFriend.org](http://www.FloridaAnimalFriend.org)

Place your business logo in space below

**SUWANNEE VALLEY  
HUMANE SOCIETY, INC.**

1156 SE Bisbee Loop  
Madison, FL 32340

09-01-2023



# 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](mailto:SuwanneeValley@embarqmail.com)

Phone 850-971-9904 Website [www.SuwanneeValleyHumaneSociety.us](http://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.**

**COUPON NUMBER:** \_\_\_\_\_ **ISSUED:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_  
Signature of Humane Society Official

