

The Jefferson SPCA Spay/Neuter Program is funded by Jefferson Parish Rabies & License Fees and only available to Jefferson Parish Residents

The Jefferson SPCA Spay/Neuter Program

**Fix-A-Canine**



*“Committed to making Jefferson Parish a Community where Every Pet has a Home”*

Veterinary Clinic  
Will Paste  
Voucher Label Here

Issue Date:

Pet Owner/ Caretaker Information

NAME	HOME PHONE	CELL PHONE
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EMAIL ADDRESS
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CURRENT HOME ADDRESS	CITY / ZIP
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ANIMAL'S NAME	COLOR	BREED OR DESCRIPTION
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MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	Age _____	Weight _____
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<input type="checkbox"/> PREGNANT	<input type="checkbox"/> OTHER HEALTH CONCERNS	IS THIS ANIMAL VACCINATED?
<input type="checkbox"/> IN HEAT		<input type="checkbox"/> RABIES <input type="checkbox"/> OTHER DISEASES <input type="checkbox"/> UNKNOWN

**BY SIGNING THIS VOUCHER, I ACKNOWLEDGE THAT:**

- I certify that I am a resident of Jefferson Parish and I own the dog listed on this voucher,
- Failure to comply with all requirements of this voucher and/or providing false information will make me liable to Jefferson SPCA for the cost of all services provided.
- I will abide by the spay/neuter program requirements.

I am over eighteen years of age, and I authorize the hospital or clinic named below to perform an operation for the surgical sterilization of this animal and I realize that there are risks to any surgical or anesthetic procedure and that some factors significantly increase surgical risk, including but not limited to diseases, the presence of heartworms or other parasites. I have discussed the risks of this surgery with the veterinary staff and understand those risks. I understand that the physical examination received by my animal prior to this surgery is a basic one and is not intended to detect all injuries or diseases that may be present. I understand the importance of maintaining current vaccinations and waive all claims arising out of or connected with the vaccination status of this animal. I hereby release the Jefferson SPCA and the participating veterinary hospital/clinic and staff from any liability arising out of or connected with performance of this procedure.

*This Program is only available to Residents and Animals of Jefferson Parish*

OWNER or CAREGIVER'S SIGNATURE	DATE
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Co-Pay – Amount \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Other \_\_\_\_\_

Driver's License #/State \_\_\_\_\_

NAME OF PARTICIPATING HOSPITAL/CLINIC	NAME OF VETERINARIAN PERFORMING THIS SURGERY
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By signing this voucher, I certify that I performed a surgical sterilization procedure on the animal identified above, in accordance with the Jefferson SPCA Spay Jefferson spay/neuter program.

Veterinarians Signature	Date	Reimbursement to Clinic \$
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Revised 12/16/2011