

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-Feline



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

Veterinary Clinic
Will Paste
Voucher Label Here

Issue Date:

Feral/Stray Ear Tip Mandatory

Owned Cat

Pet Owner/ Caretaker Information

NAME HOME PHONE CELL PHONE

EMAIL ADDRESS

CURRENT HOME ADDRESS CITY / ZIP

"CAT'S" ADDRESS (IF FERAL/STRAY) CITY / ZIP

ANIMAL'S NAME COLOR BREED OR DESCRIPTION

BY SIGNING THIS VOUCHER, I ACKNOWLEDGE THAT:

- I certify that I am a resident of Jefferson Parish and I own the cat listed on this voucher, or if stray/feral, I certify that I am a trapper/caregiver and the cat resides in a colony in Jefferson Parish
- 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 such as feline immunodeficiency virus (FIV), Feline Leukemia and 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

Co-Pay – Amount \$ Cash Check # _____ Other _____
Driver's License #/State _____

MALE FEMALE 8-12 WEEKS OLD 2 TO 5 LBS
 OLDER THAN 12 WEEKS OVER 5 LBS

PREGNANT OTHER HEALTH CONCERNS IS THIS ANIMAL VACCINATED?
 IN HEAT RABIES OTHER DISEASES UNKNOWN

NAME OF PARTICIPATING HOSPITAL/CLINIC NAME OF VETERINARIAN PERFORMING THIS SURGERY

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 \$

Revised 12/16/2011