VOUCHER REQUEST FORM
Spay/Neuter Assistance
for Calaveras County Residents

APPLICANT INFORMATION

Owner Name:_________________________________________ Request Date:____________________

Mailing Address:____________________________________ Street or PO Box:________ City:______

Phone: (_______)___________ Phone Number __________________ Email Address:__________________________

ANIMAL INFORMATION

If this is a cat, are you planning to have it declawed? ☐Yes ☐No
(The Calaveras Humane Society will not provide a spay/neuter assistance voucher if the owner is going to have the cat declawed.)

FIRST ANIMAL

Gender: ☐Male ☐Female

Name:________________________ Age: ☐Under 6 mos. ☐6 mos.-2 yrs. ☐2 yrs. & over

If dog, breed:________________________ If cat: ☐Domestic ☐Feral

SECOND ANIMAL

Gender: ☐Male ☐Female

Name:________________________ Age: ☐Under 6 mos. ☐6 mos.-2 yrs. ☐2 yrs. & over

If dog, breed:________________________ If cat: ☐Domestic ☐Feral

Veterinary Office:________________________________________

Date of Spay/Neuter Appointment:____________________ (month/day/year)

Your voucher will be sent directly to your veterinarian’s office. Please submit completed voucher request at least 7-10 days before your appointment in one of the following ways:

Print & Deliver to CHS Office:
1209 Highway 49
Angels Camp
(209) 736-9417
Mon-Fri, 10am-4pm

Print & Mail to:
Calaveras Humane Society
ATTN: Voucher Requests
PO Box 528
Altaville, CA 95221-0528

Scan and Fax to:
(209) 736-2134

Scan and Email to:
chs@calaverashumane.org