



Hardee County Animal Control Division

# Spay/Neuter Voucher Application



**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Florida Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

	Name of Dog	Sex	Breed	Age	Color
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

The documents listed below are required and must be attached.

*(Staff Use Only)*

- ✓ Photo Identification
- ✓ Proof of Residency
- ✓ Proof of current Rabies Vaccination-Dog #1  Photo-Dog #1
- ✓ Proof of current Rabies Vaccination-Dog # 2  Photo-Dog #2

# Please Read Before Signing

I hereby certify that the information I have provided is truthful and correct to the best of my knowledge. I agree to release, indemnify, and hold harmless Hardee County and its officers, agents, and employees from any and all claims, actions, demands, rights, judgments, or expenses arising from any and all known or unknown damages that may arise during the surgical sterilization of my dog(s). Hardee County will not be held liable for any additional charges beyond the face value of the voucher.

I understand that some veterinarians require specific vaccinations prior to sterilization and I will be held responsible for compliance with these requirements.

I understand that there may be additional charges for non-routine surgery. Non-routine surgery can include pregnant animals, animals in estrus cycle (heat), infections, undescended testicles, false pregnancy, obesity, or females that have had previous litters.

I understand that I am responsible for fees charged by the veterinarian if I request services or treatments for any condition not related to the routine surgery covered by the voucher.

I understand that complications during or following the surgery are my responsibility.

I understand that the veterinarian has discretion on whether or not he/she will sterilize the dog(s). If a dog is too sick or has other medical conditions, the veterinarian can decline to perform the surgery.

I hereby certify that I am the owner of the dog(s) for which I request a spay/neuter voucher and I reside in Hardee County.

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**Signature of Applicant**

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**Date**



The Spay/Neuter Voucher Program was made possible by the sale of the spay/neuter license plates. Florida Animal Friend, Inc. & Hardee County Animal Control thank you for helping to reduce the pet over-population by having your pet spayed or neutered. Please consider the purchase of a spay/neuter license plate so that Florida Animal Friend, Inc. can continue to award spay/neuter grants to help end the cat and dog overpopulation in Florida.