



OREGON COAST HUMANE SOCIETY

2840 Rhododendron Drive, Florence OR. 97439

Phone: 541-997-4277 Fax: 541-902-1586

Spay/Neuter Certificate # _____

Owner's Name: _____

Address: _____

Phone: _____ Work/Message Phone: _____

My gross monthly income is _____ and the number of individuals in my household is _____.
I am a senior, disabled, receiving assistance from _____
(See Poverty Guidelines for who qualifies)

DOG **CAT** **Male** **Female** **Owned** **Stray** **Feral**

Pet Name: _____ **Breed:** _____

Age: _____ **Color:** _____ **Weight** _____

I understand this certificate is for the basic fee of altering my pet and does not include vaccinations, medications or any other treatment. I do hereby certify that I will be responsible for having the above described animal spayed or neutered within 30 days of the date below. If I fail to abide by this restrictions, I understand this certificate shall be null and void and I will forfeit any fees paid.

Signature of client _____

To Schedule an appointment please call:

Veneta Veterinary Hospital 25115 Jeans Road Veneta, OR. 541-935-4151

Other _____

Basic S/N Certificate cost \$ _____

***In heat/pregnant fee \$** _____

***Vaccination \$** _____

Amount to be paid by client \$ _____

Amount funded by OCHS \$ _____ **Date:** _____

Any fees for services over the amount funded is the responsibility of the owner/caregiver

Authorization given by _____

Comments: _____
