

BOARD OF  
COUNTY  
COMMISSIONERS



ST. LUCIE COUNTY  
APPLICATION FOR PET SPAY/NEUTER PROGRAM

**Conditions:**

1. Only residents of unincorporated St. Lucie County are eligible.
2. Proof of residency is required. Submit copy of Driver's License, ID card or electric bill with application.
3. Pet license is required at the time of surgery. (fee is additional)
4. Current rabies certificate or purchase is required at the time of surgery. (fee is additional)

**Important Notice:** It is your responsibility to discuss and pay for additional charges for conditions that may be required or recommended for medical reasons such as pet pregnancy, animal in heat, retained testicles, enhanced anesthesia, upgraded pain or other desirable medications. These additional conditions/medications may require a co-payment on your part.

After you are approved by the St. Lucie County spay/neuter fund administrator, you will be contacted directly by St. Lucie County Animal Control.

Appointments will expire if not used within the time stated and they may not be transferred. For questions call: (772) 462-8120 or TDD (772) 462-1428.

I agree and accept the above stated conditions,

Signature: \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Cat: \_\_ Dog: \_\_ Sex: M: \_\_ F: \_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Date of last Rabies shot: \_\_\_\_\_ (if none, write none)

License number: \_\_\_\_\_ (if none, write none)

Please mail to: St. Lucie County-Animal Control or fax: 772-462-8484  
15305 W Midway Rd. email: acvoucher@stlucieco.org  
Fort Pierce, Fl. 34945  
Attn: Spay/Neuter program

Official Use Only: Reviewed by: \_\_\_\_\_ Approved: \_\_\_\_\_ Declined: \_\_\_\_\_

Requested Vet: \_\_\_\_\_