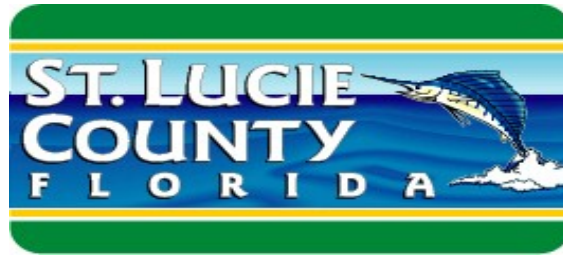


BOARD OF  
COUNTY  
COMMISSIONERS



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:** The Spay/Neuter Program **only** covers the cost of a routine spay/neuter procedure. It is your responsibility to discuss and pay for any 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 and/or other necessary medications. These additional conditions and/or medications may require a co-payment on your part.

After you are approved by the St. Lucie County Animal Safety Services & Protection Spay/Neuter Fund Administrator, they will contact you directly to verify your choice for Veterinary Clinic services (listed below). The Veterinary Clinic will be notified of the approved application and will contact you directly to schedule the spay/neuter procedure and will go over any additional information regarding the appointment for your pet.

Appointments will expire if not used within the time stated and may not be transferred to another animal.

For questions call: (772) 462-8120 or TDD (772) 462-1428.

I agree and accept the above stated conditions,

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

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Please complete the below portion legibly to ensure accuracy and approval in a timely manner\**

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Approximate Age: \_\_\_\_\_ Estimated Weight: \_\_\_\_\_

Species:  Cat  Dog Sex:  M  F Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of last Rabies Vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_  None County License number: \_\_\_\_\_  None

**Requested Participating Veterinary Clinic:**

Holy Family  Humane Society St. Lucie County  Rescue Adoption  Operation SOS  Dr.Dan's Animal Hosp.

**Please submit completed application and proof of residency to:**

**Mail:** St. Lucie County-Animal Control  
15305 W Midway Rd.  
Fort Pierce, Fl. 34945  
Attn: Spay/Neuter Program

or

**Fax:** 772-462-8484

**Email:** acvoucher@stlucieco.org

**Official Use Only**

Reviewed by: \_\_\_\_\_  Approved  Denied: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved Application Transmitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ via  Email  Fax to: \_\_\_\_\_

Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Services Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_