



Humane Society of Livingston County

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## APPLICATION FOR SPAY/NEUTER VOUCHERS

### Mission Statement:

*The Humane Society of Livingston County through education and caring will work toward elimination of abuse and overpopulation of animals and aid in the prevention of their suffering within our community.*

For Grant purposes, check your household income level below:

\$15,000 or less  \$15,000-\$20,000  \$20,000- \$30,000  \$30,000- \$40,000  over \$40,000

### PLEASE READ THE IMPORTANT INFORMATION BELOW

- There is a limit of one (1) spay/neuter voucher per person a year for a single membership and two (2) per year for a sponsor membership. Membership to HSLC is required.
- The HSLC voucher provided to you covers a portion of the cost of the Spay/Neuter surgery only. The owner is responsible for any additional expenses associated with the office visit and surgery.
- Each voucher has a 60-day expiration date from date of issue.
- You must use a Livingston County Veterinarian. For those participating Livingston County Veterinarians reimbursement from HSLC will go directly to them and the amount allotted will be deducted from your bill. For those Livingston County Veterinarians that do not acknowledge our vouchers at the time of your payment-you must send a copy of the itemized bill back with the voucher sent to you and HSLC will send you your reimbursement.
- Privacy Policy: Information you give HSLC is confidential and won't be shared with other individuals or organizations.

List name(s), type, sex, age, and weight of pet(s) you wish to have sterilized;

Pet's 1 \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Wt'--- \_\_\_\_\_ lbs.  
Name

2 \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Wt \_\_\_\_\_ lbs.

Please fill in the information below:

Owner Name: \_\_\_\_\_ Street: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_ Currently a HSLC member? \_\_\_\_\_

Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Send your completed application to: HSLC- Spay/Neuter Program  
PO Box 233  
Avon, NY 14414

You will receive your voucher(s) within one (1) week after HSLC reviews the application.

\*Please do not make an appointment for surgery until you receive the voucher.

\*The voucher must be given to the veterinarian at the time of surgery if a participating vet.

\*Questions will be answered by calling 585-234-2828. Leave a detailed message and your call will be returned.