

Stevens Community Humane Society
P.O. Box 407
Morris, MN 56267
320-589-0378

SPAY/NEUTER AUTHORIZATION FORM

Authorization # _____ Date of Issuance: _____

Amount of Authorization: _____

Referred to:

_____ H & H Veterinary Clinic – 170 Hwy 9 – Benson, MN 56215
320-842-5960

_____ Lake Region Veterinary Clinic – 16 12th Ave NE – Elbow Lake, MN 56531
218-685-4426

Owner's name: _____

Address: _____ City/State/Zip: _____

Animal name: _____ Cat: _____ Dog: _____ Breed: _____

Color: _____ Identification: License#: _____ Exp. Date: _____ City/County: _____

Other identification: _____

THIS CERTIFICATE IS ONLY A PARTIAL PAYMENT TOWARDS YOUR SPAY/NEUTER SURGERY FEES. THIS CERTIFICATE IS NOT VALID FOR ANY OTHER ELECTIVE PROCEDURES.

Name of representative issuing authorization:

Print Name: _____ Title: _____

Signature: _____

List payment/co-payment made by the client to the participating veterinarian: \$ _____

Remarks:

Signature of veterinarian: _____ Date: _____

This is non-negotiable without authorization and non transferable. Expires 30 days from date of issuance.

Return this application with a self addressed stamped envelope to: Steven Community Humane Society – P.O. Box 407 – Morris, MN 56267. Should you qualify; a certificate will be sent to you that will be valid for thirty days from the date of issuance.

Please note this is a only a partial payment towards your spay/neuter surgery fees. This certificate is not valid for any other elective procedures.

Please note – Morris Veterinary Clinic has opted NOT to participate in this program.