**Voucher Date: «Date» EXPIRES: «EXPIRES» VOUCHER #: «Voucher\_ID»**

|  |  |
| --- | --- |
|  | MOUNTAINEER SPAY NEUTER ASSISTANCE PROGRAM  PO Box 4335 • Morgantown, West Virginia 26504 • (304) 985-0123 |

**Non-Transferable Voucher - Valid Only if used before Expiration Date**

Caregiver’s First Name: «Customer\_first\_name» Last Name: «Customer\_last\_name» Daytime Phone:: «As\_of\_October\_2010\_Phone\_Number»

Address include Apt # or PO Box: «Customer\_street\_NEVER\_abbreviate\_except» City: «Customer\_city\_CM\_\_City\_of\_Morgantown» Zip: «Cust\_zip\_code»

Pet’s name: «Pet\_Name» Species: «Dog\_\_Cat» Gender: «Spay\_Neuter» Description: «Breed»

**You must present this signed Voucher at the time of your appointment.**

I understand that there is a degree of risk involved with anesthesia and surgery. In consideration of participation in this program, I release M-SNAP, Inc., and its members from any and all liability arising from the performance of the spay/neuter procedure. I further attest that I am a permanent resident of Monongalia County and am the primary caretaker, as identified above, of the animal named in this voucher.

Primary Caregiver’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day of Surgery (If different than caregiver): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attention Pet Owner**

See the cover letter for instructions on making your appointment. Follow all the doctor’s directions for the best care of your pet. Please thank the clinic because, without their participation in the M-SNAP Voucher Program, we could not provide this service to you. **This voucher is null and void** if declawing, devocalization, ear-cropping, tail-docking or any other mutilating procedure is being requested, unless the doctor deems the operation medically necessary, and you pay ALL additional costs.

**It is YOUR responsibility to question the clinic BEFORE surgery about possible costs that YOU may be required to pay.**

PARTICIPATING CLINICS:

|  |  |
| --- | --- |
| Animal Medical Center 304-292-0126 | Point Marion Veterinary Care 724-725-9787 |
| Cheat Lake Animal Hospital 304-594-1124 | Morgantown Vet Care 304-599-3111 |
| Feline Veterinary Care 304-943-7954 | Mountaineer Vet Clinic 304-296-1667 |
| Paw Prints Veterinary Clinic 304-296-7387  Pinnacle Pet Health 304-241-4460 | SNIP WV [www.snipwv.org](http://www.snipwv.org) Enter M-SNAP in “Comments” to bypass deposit |
|  |  |
| **Attention Veterinary Clinic:** Valid only when **signed** by Primary Caretaker,  **affixed** with raised seal, and used on or before **expiration** **date**  Please return voucher to M-SNAP with invoice. Revised January 2025 | |