

AdvoCAT Spay & Neuter Voucher Program *Veterinary Clinic Enrollment Form*

To enroll in the AdvoCAT Spay & Neuter Voucher Program, please fill out the following:

Clinic Name

Street Address

City, State, Zip

Name of Contact Person

Position

Phone Number

Fax Number

Web site

Please circle the area of Columbus in which the clinic is located: North South East West Central

Please include a list of the veterinarians at your clinic participating in this program at the bottom or on the back of this form.

Terms of Agreement

_____ (clinic name) agrees to accept _____ (number) AdvoCAT

Spay & Neuter Vouchers per week/month/year (circle one). The clinic agrees to be reimbursed by the Capital Area Humane Society at a rate of \$40 for a neuter and rabies vaccination (if needed), and \$65 for a spay and rabies vaccination (if needed). The clinic agrees not to charge clients for these services. Clients must use this voucher within 45 days from the issue date. The clinic has 30 days after the date of surgery to submit the voucher to the Humane Society for reimbursement. The clinic will be reimbursed within 21 days of receiving the request for payment.

Authorized signature

Date

Printed name