



322 Main Street South
PO Box 759
Exeter, ON N0M 1S6

519-235-0310
www.southhuron.ca

Spay or Neuter Voucher

Spay or Neuter Voucher Number:	Issued by: Genevieve Scharback, Corporate Services Manager/Clerk
Issued to (name):	
Address:	
Date of Issue:	
Expiry Date:	

*****Vouchers will expire within 90 days from the date of issue by the Municipality of South Huron*****

Definitions

“Family” means the holder of the Voucher alone, or with one or more persons who reside together and are related to each other by blood, marriage, common-law or adoption.

“Owned Cat” means a cat that resides with and receives food, shelter and care from a Family.

“Feral Cat” means a cat that is not accustomed to contact with people and is too fearful or wild to be handled and which may never adapt to living in close contact with people, or is not an Owned Cat.

Terms and Conditions - Holder of Voucher

This Voucher is redeemable for \$75.00, including Harmonized Sales Tax, towards spaying or neutering one Feral Cat. The list of Veterinarians who may participate in this program is attached as Appendix I. It is recommended that you ensure that the Veterinarian is willing to participate in the program prior to any spay or neuter service being performed. Vouchers cannot be redeemed for cash and are non-transferrable.

Vouchers must be used prior to the Expiry Date. Lost Vouchers will not be reissued. Any costs for spaying or neutering beyond the value of this Voucher are the sole responsibility of the holder of the Voucher. It is recommended that holder of the Voucher discuss costs prior to any spay or neuter services being provided. The two pages of this Voucher, together with Appendices I and II must be surrendered to the Veterinarian at the time of service and may not be redeemed for any service other than spay or neuter.

Terms and Conditions - Veterinarians

Veterinarians shall not accept Spay or Neuter Vouchers after the Expiry Date noted above. The Veterinarian agrees to participate in the Municipality of South Huron's 2018 Spay and Neuter Voucher Program and to accept this \$75.00 Voucher as payment towards the spay or neuter surgery. The Veterinarian also agrees to verify the authenticity of the Voucher by noting the original seal of The Corporation of the Municipality of South Huron over the issuer's signature above and to verify the holder of the Voucher is the rightful owner of the Voucher based on the Photo I.D. attached to this Voucher at Appendix II. To receive payment, Veterinarians must send these two pages of the signed Voucher, together with Appendices I and II, together with an invoice on clinic letterhead, within thirty (30) days of performing the surgery to:

The Corporation of the Municipality of South Huron
322 Main Street South PO Box 759 Exeter ON N0M 1S6
Attention: Genevieve Scharback, Corporate Services Manager /Clerk

Holder of Voucher:

The holder of this Voucher acknowledges that this Voucher is issued by The Corporation of the Municipality of South Huron without warranty and that surgery bears inherent risk to the animal. The individual does hereby waive any and all claims that he/she has or may in the future have against The Corporation of the Municipality of South Huron, its officers, servants and agents (the "Releasees"), and to release the Releasees from any and all liability for any loss, damage, expense or injury including death that they may suffer resulting either directly or indirectly from their use of or failure to use this Voucher due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care on the part of the Releasees. The holder of this Voucher further agrees to hold harmless and indemnify the Releasees from any claims or demands resulting from any damage or injury whatsoever, whether to them or third parties, which might be made against the Releasees resulting from the use of or failure to use this Voucher.

I certify that I am the person named and pictured in the Photo I.D. attached to this Voucher as Appendix II and am obtaining this Voucher for the purpose of spaying or neutering a Feral Cat. I agree to the terms and conditions contained in this Voucher.

Name of the holder of Voucher *(please print)*

Signature of the holder of Voucher

Veterinarian:

I certify that I have performed a spay or neuter surgical procedure on a Feral Cat. I have confirmed the authenticity of the Voucher and have verified the holder of this is the person shown in the Photo I.D. attached as Appendix II to this Voucher and will invoice The Corporation of the Municipality of South Huron for the cost of the spay or neuter surgery to a maximum of \$75.00, including Harmonized Sales Tax within thirty (30) days of the date of surgery. I agree to the terms and conditions contained in this Voucher. I will return all pages of the Voucher, including Appendices I with my invoice to the Municipality of South Huron.

Name of the Clinic *(please print)*

Date of Surgery *(mm/dd/yyyy)*

Name of the Veterinarian *(please print)*

Signature of the Veterinarian

To be completed by the Voucher Recipient and/or Veterinarian:

Gender of cat:

Male ☐

Female ☐

Has the cat previously seen a Veterinarian?

Yes ☐

No ☐

Unknown ☐

APPENDIX I

Photocopy of Identification

Draft