



Voucher must be initialed and signed by pet owner to be activated. Voucher expires 3 months from date of purchase.

All Pet Rescue, Inc.  
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"Saving One Pet At A Time"  
www.allpetrescue.com.  
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Financial assistance provided by All Pet Rescue, Inc.

Date: \_\_\_\_\_ Voucher # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_  Months  Years Weight: \_\_\_\_\_ Lbs

#### Agreement

1. I hereby acknowledge that the animal being spayed or neutered is owned by me.
2. I understand that this voucher serves to pay for the surgery only. Any other services including vaccines, medications, radiographs (x-rays), treatments, test or licenses are my responsibility.
3. I understand that the price of the voucher depends on the sex and weight of my pet I agree to pay the cost difference directly to the veterinarian. **Initial** \_\_\_\_\_

#### Release and Waiver of Liability

All Pet Rescue Inc. has developed a program whereby I may receive this voucher to take my animal to the participating veterinarian to be spayed or neutered and this voucher will be accepted by the participating veterinarian as payment for the spay/neuter surgery alone.

In Consideration for Spay/Neuter Financial Assistance, I hereby acknowledge, agree and represent the following:

1. I understand there is an element of risk whenever surgery is preformed. I hereby assume full responsibility for any risk, sickness, injury or death my animal receiving spay/neuter surgery.
2. I understand participation by any veterinarian in spay/neuter Assistance program is not a representation by All Pet Rescue Inc. of that participating Veterinarians skills or Warranty of his/her services. **Initial** \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use only: \_\_\_\_\_ Approved by: \_\_\_\_\_

Vet: \_\_\_\_\_ Date: \_\_\_\_\_ Amount to be paid by APR: \$ \_\_\_\_\_