
SPAY – NEUTER VOUCHER
Lincoln Parish Police Jury
PO Box 979
Ruston, LA 71273-0979
www.lincolnparrish.org

This voucher is good for one (1) free spay/neuter and is only available to Lincoln Parish residents outside of any municipality. Proof of residence is required. Limit of one (1) voucher per household per year. Vouchers are for individual use only and not available to Kennels or Rescues. Please note that additional fees for veterinary services may apply.

OWNER & ANIMAL INFORMATION

Owner's Name: _____
Address: _____
Phone Number: _____
Pet's Name: _____ Pet's Age: _____

Cat Male _____
Female _____

Dog Male _____
Female _____

HOLD HARMLESS CERTIFICATION

I hereby certify that the information I have provided is truthful and correct to the best of my knowledge. I hereby agree to waive any and all claims for damages against Lincoln Parish Police Jury and participating veterinary clinic, its officers and employees, in the event of death or injury to the animal during the surgical sterilization process. Furthermore, Lincoln Parish Police Jury will not be held liable for any additional charges beyond the face value of the voucher. I understand that many veterinarians require specific vaccinations prior to sterilization and I will be responsible for compliance with these requirements. I understand that if the participating veterinary clinic determines that my pet is unmanageable, dangerous, vicious, wild or in any way demonstrates potential to injure animal care personnel, the participating veterinary clinic reserves the right to refuse to spay or neuter my pet.

Owner's Signature: _____

Date: _____

(Official Seal)

VOUCHER NO:

INSTRUCTIONS

1. Complete this form including signature and date.
2. Select a veterinary practice from the list below and call THEM to schedule appointment.
3. Specify you are using a voucher from Lincoln Parish Police Jury.
4. This voucher as well as all certificates for required vaccinations must be presented at time your pet is admitted to the veterinary practice for surgery.

Participating veterinary practices are listed below. A preliminary office visit, proof of current vaccinations, blood work, overnight stay and/or additional vaccinations/shots may be required. These additional costs are not covered by this voucher, and these and any other costs will be charged at the Veterinarians' discretion, at their rates, and are in addition to the surgery. Any and all ancillary charges are your financial responsibility.

It is recommended that you obtain an estimate of costs and understand all conditions, prices, and requirements prior to selecting a practice and scheduling your pet for surgery.

Participating Veterinary Clinics

Cypress Creek Animal Hospital
2005 Farmerville Hwy
Ruston, LA 71270
318-252-1523

Ruston Animal Clinic
5523 US-167
Ruston, LA 71270
318-255-6927

FOR VETERINARIAN USE ONLY

Date of Spay/Neuter: _____

Veterinary Hospital: _____

Veterinarian Signature: _____