



Kentucky Department of Agriculture
Spay / Neuter Kentucky Expenditure Report

Grantee _____
 Address _____
 Telephone _____ Email _____

Page ____ of ____

Voucher # or Date of Clinic or Vet Invoice	Owner Name or Animal ID # or Description	Cat Female	Cat Male	Dog Female	Dog Male	Amount of Grant used on this Surgery

Total this page	0	0	0	0	0
Total all pages of report					

 Signature Program Administrator / Contact Person Date

If your organization operates its own clinic, or if you wish to use this form as the veterinarian's invoice/statement and/or proof of payment, you must have the vet sign below.

I, _____, DVM, confirm that I have performed the surgeries on the specific animals listed above
 (please print name)
 and that I have been paid in full.

 Signature Date