



# SPAY / NEUTER VOUCHER APPLICATION

PLEASE PRINT CLEARLY

<b>Name</b>		<b>Date</b>
<b>Email</b>		<b>Phone</b>
<b>Mailing Address</b>		
<b>Physical Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>

## • • • GENERAL VOUCHER APPLICATION • • •

The Petersburg Humane Association grant-in-aid program provides financial assistance to pet owners or concerned individuals who cannot otherwise afford to have their animal spayed or neutered. For those who do not qualify for low income assistance, PHA may provide a voucher for \$200 towards spay/neuter of a cat or \$300 for a dog.

***Please complete all fields, incomplete applications will not be considered.***

DOG  CAT  MALE  FEMALE

NAME OF ANIMAL: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

WHERE DID YOU OBTAIN THIS ANIMAL?  FRIEND/FAMILY  SHELTER/RESCUE  STRAY  BREEDER

OTHER (PLEASE SPECIFY) \_\_\_\_\_

PLEASE TELL US WHY YOU REQUIRE FINANCIAL ASSISTANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## • • • LOW INCOME APPLICATION ONLY • • •

*If you qualify for low income assistance you will pay only a minimum spay/neuter copy of \$160 for a cat or \$200 for a dog for basic spay/neuter care. You must provide document(s) to verify your participation in state or federal aid programs. Please complete the entire form above and information below.*

**WHICH QUALIFYING PROGRAM(S) DO YOU PARTICIPATE IN:**  FOOD STAMPS  MEDICAID/ DENALI KID CARE  SECTION 8 PUBLIC  
 WOMEN, INFANTS & CHILDDREN (WIC)  SOCIAL SECURITY DISABILITY

OTHER CIRCUMSTANCES TO CONSIDER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

**PLEASE READ AND INITIAL:**

.....

\_\_\_\_\_ **GENERAL SPAY/NEUTER PROGRAM APPROVED APPLICANTS** will receive a voucher to be applied towards the cost of spay/neuter surgery: \$200 for a cat, or \$300 for a dog. The voucher is valid for one year from the date of approval.

\_\_\_\_\_ **LOW INCOME APPROVED APPLICANTS** must commit to paying a minimum co-pay of \$160 towards a cat's surgery or \$200 for a dog's surgery. Contributing more than the minimum helps sustain our program. Please indicate the amount you will pay in the space below. I understand I will receive a voucher covering the charges for the pet's pre-surgical exam and routine spay/neuter procedure minus the minimum copay or contribution. The voucher is valid for one year from the date of approval. **Active uterus surcharges, additional medications or extraordinary procedures are not covered and are the financial responsibility of the pet owner.**

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**I will contribute \$ \_\_\_\_\_ for my pet's care (pay directly to the veterinary clinic).**

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**CERTIFICATION:** I certify that I am at least 18 years of age and that the information I have provided is true and correct to the best of my knowledge. I understand that my application must be approved before making an appointment for the spay or neuter procedure. My pet will receive care from a licensed veterinarian who may require additional tests and vaccines. It is my responsibility to pay for these additional costs. I understand there are risks involved in medical procedures and surgery. I accept these risks and agree to follow any care instructions provided by the veterinarian.

\_\_\_\_\_

**APPLICANT'S SIGNATURE**

\_\_\_\_\_

**TODAY'S DATE**

.....

**PHA USE ONLY**

Reviewed by: \_\_\_\_\_

APPROVED  DENIED

Date: \_\_\_\_\_

Date operation was completed: \_\_\_\_\_

Invoice# \_\_\_\_\_

Date Paid: \_\_\_\_\_

**GENERAL GRANT** AMOUNT \$ \_\_\_\_\_  
(applied toward surgical cost)

- OR -

**LOW INCOME SPAY/NEUTER COST** AMOUNT \$ \_\_\_\_\_  
(exam/surgery cost minus co-pay)