



LOW INCOME SPAY/NEUTER VOUCHER PROGRAM APPLICATION

INTRODUCTION

The Low Income Voucher offers \$25 for cat neuters and \$50 for cat and dog spay/neuters for qualifying applicants. The voucher is funded by grant money to pay for the Spays or Neuters of dogs or cats in Texas. Each animal will also get a Rabies Vaccination funded by the grant money. The goals are to increase the number of pets spayed/neutered, reduce the number of unwanted cats/dogs born, and reduce the number of animals euthanized.

WHY SPAY AND NEUTER?

- Improved health / Longer life
- Reduced medical bills
- No unwanted puppies and kittens
- Less aggressiveness, roaming, spraying and marking

ELIGIBILITY

To be eligible a person must be at least 18 years old, be a recipient of or be eligible for one of the following state programs:

- Food Stamps
- Temporary Assistance for Needy Families
- Supplemental Security Income
- Social Security Disability (SSD)
- Medicaid
- WIC
- Recent Pay stub

You must provide:

- Have proof of your eligibility of State Program(s).
- Agree to pay \$25 or \$50 Co-payment (Cash or Credit Card only) at the time of surgery, Plus any additional services, such as Capstar for flea removal, Pre-op Bloodwork or Pain Medications. These services will be at Owner's expense.

Each household may receive up to two vouchers. *** Each voucher has a 60-day expiration date.***

HOW TO APPLY

Email: Fill out application and attach eligibility & residency documents online from our website at GatesvilleAnimalClinic.com or Mail the completed application, proof of eligibility, along with a self-addressed stamped envelope to:

Gatesville Animal Clinic, LLC
4706 S. State Hwy 36 • Gatesville, TX 76528

Make sure to sign and date the Application. If approved, you will receive a voucher good for up to two pets per family. For more information call Gatesville Animal Clinic (254) 865-8466

Full Name _____

Street Address _____

City _____ State/Zip _____

Email _____ Cell phone _____

Number of adults and/or children in household: _____

Total household monthly gross income (before taxes) \$ _____

Name of Pet	Dog/Cat	Breed	Sex	Age	Color
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Proof of eligibility and residency is required:

1. Attach a copy of your proof of eligibility.
2. Attach a copy of any one of the following to prove residency at the address listed above: Utility bill (electric or water, etc.), driver's license, or government issued photo ID.

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 Gatesville Animal Clinic, its officers and employees in the event of death or injury to the animal during the surgical sterilization process.

Furthermore, Gatesville Animal Clinic will not be held liable for any additional charges related to the voucher 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 Gatesville Animal Clinic determines that my pet is unmanageable, dangerous, vicious, wild or in any way demonstrates the potential to injure animal care personnel, we reserve the right to refuse to spay and neuter your pet.

Owner's Signature _____ Date _____