



APPLICATION/ELIGIBILITY VOUCHER FOR LOW-COST SPAY/NEUTER

APPLICANT INSTRUCTIONS

- You must be an Illinois resident to participate in this program.
- Complete **Part I** of this application. Sign the form and show **PROOF OF ELIGIBILITY** to the partner shelter.
- You are responsible for additional fees other than the examination, pre-surgical vaccinations and spay/neuter.

PARTNER SHELTER INSTRUCTIONS

- Please verify **PROOF OF ELIGIBILITY** by reviewing copies of benefits received

PART I APPLICANT CONSENT FORM

Name of Pet Owner/Feral Cat Manager _____

Address _____

City/State/ZIP Code _____

ELIGIBILITY YOU ARE CLAIMING (Select One)

SNAP (Formerly the Food Stamp Program)

Social Security Disability

Feral Cat Manager

Date of Disability _____

Show proof of eligibility. Proof of eligibility may include a copy of SNAP benefit statement or annual notice of benefits from Social Security Disability

DO NOT SEND original documents, copies of LINK or MEDICAID cards, checks, or checking account statements.

Type of Animal:

Female Dog

Male Dog

Female Cat

Male Cat

Name of Pet (1 per application) (N/A for feral cats) _____

Breed _____

Approximate Weight (Required for dogs only) _____

I hereby certify I am the owner of the animal described above, I am authorized by the eligible owner to present the animal for the procedure or I am the manager of a feral cat population I hereby consent to the pre-surgical immunization and spay/neuter of the animal described above, and I attest the above information is true and correct to the best of my knowledge. I also certify that I am a resident of the state of Illinois.

Signature of Owner/Feral Cat Colony Manager _____ Date _____

PART 2 PARTNER SHELTER CONSENT FORM

Partner Shelter Name _____

Address _____

City/State/ZIP Code _____

Phone Number _____

I hereby attest the that the above information is correct to the best of my knowledge.

Signature of Participating Shelter Supervisor _____ Date _____