CO-PAY:

Date(s) Called: ↘

AREA ABOVE THIS LINE FOR SHELTER USE ONLY 个个



## HARLAN COUNTY ANIMAL SHELTER

### SPAY/NEUTER ASSISTANCE PROGRAM

	Voucher Application						
	In order to participate in this low income program you must have:						
1	A copy of your most recent income tax filing report, a copy of your last three (3) pay stubs, a food stamp statement, or a Social Security benefits statement.						
2	An E-911 registered physical address within the political boundaries of Harlan County.						
3	A pet porter with adequate space for your animal. (We can't loan you one)						
		ONE (1) ANIMAL PER					
After	three (3) atte	empts to contact the app	plicant this vou	ucher will be d	iscarded and	you must r	eapply.
Con	nplete <b>all</b>	fields in this app	lication or	the applic	ation <b>wil</b>	l be reje	cted!
Name	LAST, FIRST, MI						
MAILING Address	100 ens (	negative of the ball	Albus especiales	META SEAL	Sanotish		Tyrgue II
PHYSICAL Address	IF DIFFERENT FROM MAILING ADDRESS						
City		and storage party	, KY	Zip Code	d Janes -	n bijani	et s/t./tie. Lieu-hibbai
Home Ph.		Abres ad for flex Las	Cell Ph.	OPTIONAL			
Email	OPTIONAL						
Hou	sehold Inco	me Information (Chec	k One)				
0	Below \$15,000. <sup>00</sup> per year			Animal Information			
0	From \$15,001. <sup>00</sup> to \$25,000. <sup>00</sup> per year Name:			YA'HOD YI	n to beu		
0	From \$2	25,001. <sup>00</sup> to \$45,000. <sup>0</sup>	oper year	Spe	cies	S	ex
0	А	bove \$45,001. <sup>00</sup> per y	vear .	0	Dog	0	Male
How many people live in your household?			0	Cat	0	Female	
Und	er 18	Over 18		Age		Weight	
		ed a sibat res		i - ha	ilo cil		lbs.
YOUR AI	NIMAL IN HE	AT? OYES ON	ODATE OF LA	AST MENSTR	UAL CYCLE.	1	1

**↓↓** APPLICATION CONTINUED ON SECOND PAGE **↓↓** 

# HARLAN COUNTY ANIMAL SHELTER

## SPAY/NEUTER ASSISTANCE PROGRAM

#### **Voucher Application Continued**

 $\downarrow\downarrow$  In a few words, please state why you need assistance with getting your animal altered.  $\downarrow\downarrow$ 

	PLEASE READ THE TERMS OF THIS VOUCHER BELOW.						
You	must initial each numbered box, then sign and date on the line below marked with (X).						
1	I understand that if chosen to receive financial assistance from this program, I must pay CO-PAY to the Harlan County Animal Shelter. The CO-PAY can range anywhere from \$20 up to \$40, and will be based on the proof of household income that I have provided						
2							
3	I am a citizen of Harlan County.						
4	I understand that, on the day of surgery, I must let the vet staff know if my animal has had the rabies vaccination. If my animal has not had this vaccination it will be administered at no additional cost to me.						
5	I understand that the Harlan County Animal Shelter, Harlan County Fiscal Court, Kentucky Dept. of Agriculture, or any Veterinarians associated with this program are no responsible for any additional costs that may be associated with the surgery on my animal.						
6	I understand that I will be responsible for any additional costs that may be associated with the surgery on my animal. I will be consulted by a Veterinarian before any additional services are performed.						
7.	I understand that if my animal were to perish during surgery, I will not be entitled to a refund of my CO-PAY.						
8	I understand that once my appointment is scheduled, it can not be rescheduled unless the <b>Veterinarian/Staff</b> deem surgery unsafe on the date it is scheduled for.						
9	I understand that if I do not show up on the date, time, and at the facility chosen by the Harlan County Animal Shelter; my voucher is null and void. I will not receive any refund of my CO-PAY and I will not be able to be considered for assistance through this program for one (1) full calendar year.						
within my stated gu	hat the statements given in this application are correct and that the information provided y proof of income documents are correct. I understand that failure to comply with the idelines, or providing in accurate information may be a violation of the law. If I am to receive financial assistance I will comply with all rules outlined in this agreement.						
All applica	ations must be turned into either the Harlan Co. Animal Shelter in Baxter, or the o. Judge Executive's office @ the Harlan County Court House.						
arian CC	). Juage executive s office @ the natian county court house.						