

**NO CASH ACCEPTED FOR CO-PAYMENT
FOR THIS PROGRAM WHATSOEVER!**

IS THE ANIMAL IN HEAT AT TIME OF VOUCHER ISSUE?
 YES NO

Voucher #

Date Scheduled:

CO-PAY:

Date(s) Called: ↘

↑↑ AREA ABOVE THIS LINE FOR SHELTER USE ONLY ↑↑



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)
- 4 A **check or money order** in the amount of your copay, which is listed below.

!!! ONLY ONE (1) ANIMAL PER HOUSEHOLD, PER CLINIC, MAY BE FUNDED !!!

After three (3) attempts to contact the applicant this voucher will be discarded and you must reapply.

Complete **all** fields in this application or the application **will** be rejected!

Name	LAST, FIRST, MI		
MAILING Address			
PHYSICAL Address	IF DIFFERENT FROM MAILING ADDRESS		
City	, KY	Zip Code	
Primary Phone #		Secondary Phone #	OPTIONAL
Email	OPTIONAL		

Household Income Information (Check One)		Animal Information			
<input type="radio"/> \$35	Below \$15,000. ⁰⁰ per year	Name: _____			
<input type="radio"/> \$45	From \$15,001. ⁰⁰ to \$25,000. ⁰⁰ per year	Species		Sex	
<input type="radio"/> \$50	From \$25,001. ⁰⁰ to \$45,000. ⁰⁰ per year	<input type="radio"/>	Dog	<input type="radio"/>	Male
<input type="radio"/> \$55	Above \$45,001. ⁰⁰ per year	<input type="radio"/>	Cat	<input type="radio"/>	Female
How many people live in your household?		Age		Weight	
Under 18	Over 18				
				lbs.	
IS YOUR ANIMAL IN HEAT?		DATE OF LAST MENSTRUAL CYCLE.			
<input type="radio"/> YES <input type="radio"/> NO		/ /			

↓↓ APPLICATION CONTINUED ON SECOND PAGE ↓↓

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 YES NO

HARLAN COUNTY ANIMAL SHELTER

SPAY / NEUTER ASSISTANCE PROGRAM

Voucher Application Continued

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

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 | I understand that I must provide a pet porter with adequate space for my pet. |
| 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 not 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 Veterinarian/Staff 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. |

I certify that the statements given in this application are correct and that the information provided within my proof of income documents are correct. I understand that failure to comply with the stated guidelines, or providing inaccurate information may be a violation of the law. If I am selected to receive financial assistance I will comply with all rules outlined in this agreement.

All applications must be turned into either the Harlan Co. Animal Shelter in Baxter, or the Harlan Co. Judge Executive's office @ the Harlan County Court House.

X

/ /20

Signature of applicant

Date of application