

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

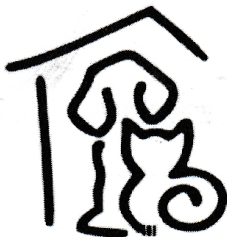
Voucher#

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

#UNKNOWN!

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!

<b>Name</b>			
<b>Mailing Address</b>			
<b>Physical Address</b>			
<b>City</b>			<b>Zip Code</b>
<b>Primary Phone #</b>			<b>Secondary Phone #</b>
<b>Email</b>			

Household Income Information (Check One)		<b>ANIMAL INFORMATION</b>	
<input type="radio"/> \$60	Below \$15,000.00 per year		
<input type="radio"/> \$80	From \$15,001.00 to \$25,000 per year	<b>Name:</b>	
<input type="radio"/> \$100	From \$25,001.00 to \$45,000.00 per year	<b>Species</b>	<b>Sex</b>
<input type="radio"/> \$110	Above \$45,001.00 per year	<input type="radio"/> Dog	<input type="radio"/> Male
		<input type="radio"/> Cat	<input type="radio"/> Female
<b>Under 18</b>	<b>Over 18</b>	<b>Age</b>	<b>Weight</b>
			lbs.
IS YOUR ANIMAL IN HEAT? <input type="radio"/> YES <input type="radio"/> NO		DATE OF LAST MENSTRUAL CYCLE / /	
Please choose the veterinarian you would like to use or mark both			
↓ ↓ <b>APPLICATION CONTINUED ON SECOND PAGE</b> ↓ ↓		Animals over 45 LBS. require \$15.00 surgical Fee	

**CO-PAYMENT REQUIRED AT TIME OF APPLICATION TO QUALIFY FOR ASSISTANCE**

# 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 must pay CO-PAY to the Harlan County Animal Shelter. The CO-PAY 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 an additional \$5.

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, Harlan Co Animal Shelter, Friends of the shelter or other non profit shall not be liable.

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, 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.

**X Signature**

**Date**