

Spay/Neuter Kentucky Program Pet Owner Voucher Application

(Please print. Fill out one application for each pet. Do not apply for more than 3 pets at this time. If you have questions, call 1-888-297-9093).

Name _____ Telephone _____
(last) (first)

Mailing Address _____
(street) (city) (zip)

Name of Pet _____ Breed _____ Age _____ Weight (dogs only) _____

Type of Pet / / Female Cat / / Male Cat / / Female Dog / / Male Dog

ARE YOU ELIGIBLE FOR THIS PROGRAM? To qualify, you must be enrolled in one of the following programs or have an income low enough to be eligible. Please check the program(s) in which you are enrolled.

- / / Food Stamps
- / / Temporary Assistance for Needy Families
- / / Supplemental Security Income (SSI)
- / / Social Security Disability (SSD)
- / / Medicaid
- / / Other (explain and provide any documents that prove need, such as tax returns, etc.)

TO RECEIVE A VOUCHER, YOU MUST INCLUDE, WITH THIS APPLICATION, PROOF OF ELIGIBILITY. Proof may be a copy of any form, card, or letter that confirms enrollment in one of the above programs or any special situation qualifying under "other." *Do not send original documents that would need to be returned to you*

Signature of Pet Owner _____ Date _____

Mail this form and proof of eligibility to : Spay/Neuter Kentucky Program, Dept. of Agriculture, 32 Fountain Place, Frankfort KY 40601

Upon approval of your application, you will be sent a voucher and a list of participating veterinarians in your area. **YOU MUST BE ISSUED A VOUCHER *BEFORE* THE TIME OF SURGERY, AND YOU MUST PRESENT THE VOUCHER AND YOUR \$10 IN CASH UPON ARRIVAL AT THE CLINIC. THE VOUCHER COVERS *ONLY* THE COST OF SURGERY AND THE RABIES VACCINE REQUIRED BY STATE LAW.**

(Rev. 10/18/06)