

APPLICATION/ELIGIBILITY VOUCHER FOR LOW-COST SPAY/NEUTER PROGRAM

INSTRUCTIONS:

- Complete Part I of this application. Sign the form and submit with PROOF OF ELIGIBILITY to the address above.
- If you meet the eligibility requirements for the program, this form will be returned to you with an APPROVAL CODE, DATE ISSUED and AUTHORIZATION STAMP in Part II at the bottom of the form, and a list of participating veterinarians. You must pay a \$35 co-pay to the veterinarian at the time of the procedure.
- If you do not meet eligibility requirements, this form will be returned to you with an explanation.
- You are responsible for additional fees other than the examination, pre-surgical vaccinations (Rabies and Distemper, in addition for canine patients a heartworm test for 7 months or older), and spay/neuter. This program **does not** cover IV Catheters, Bloodwork, Preventatives, and non-surgically related medications.
- If you meet the eligibility, You are responsible to schedule and transport the pet to our agreed partner for services at Loving Touch Animal Hospital. (540-371-7729), and you must notify them that this is a voucher spay/neuter and give the authorization code provided at the time of scheduling the appointment.
- Please note, Brachiocephalics breeds, such as English Bulldogs, Frenchies, Pugs, Himalayans, etc. **do not** qualify for this program due to the increased anesthetic risk.
- Return application and requested information to SaintSetonsOA@gmail.com or mail to 628 Cambridge Street Suite 111 Fredericksburg, VA 22405.

PART I APPLICANT CONSENT FORM

Name of Pet Owner

Address City

State

ZIP Code

Phone

ELIGIBILITY YOU ARE CLAIMING (Select One):

- SNAP (Formerly the Food Stamp Program)
- Social Security Disability
- Low-Income (according to the income chart for SSOA)

Number in household _____ Household Income _____ monthly/ yearly

Attach proof of eligibility. Proof of eligibility may include a copy of SNAP benefit statement, an annual notice of benefits from Social Security Disability, or Tax return for proof of income. DO NOT SEND original documents, copies of LINK or MEDICAID cards, checks, or checking account statements. A maximum of two pets per fiscal year (Nov 1 – Oct 31).

Type of Animal: Female Dog Male Dog Female Cat Male Cat

Name of Pet (1 per application/LIMIT 2 per fiscal year per household, unless approved)

Breed

Approximate Weight (Required for dogs only)

I hereby certify I am the owner of the animal described above. 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. By signing below, I also authorize the Saint Seton's Orphaned Animals to release information regarding my current eligibility in the above programs to grant and charities that provide aid to maintain this spay/neuter program.

Printed Name

Signature

Date

PART II ELIGIBILITY VOUCHER DO NOT WRITE BELOW THIS LINE. FOR AGENCY USE ONLY

NOTE: ELIGIBILITY VOUCHER IS VOID SIX (6) MONTHS AFTER DATE ISSUED

APPROVAL CODE _____ DATE ISSUED _____
APPROVAL DATE APPROVED: _____ AMOUNT APPROVED: _____

AUTHORIZED BY: _____