

Voucher No. _____

Vernon County People for Pets, Inc.

Application for LOW-COST spay/neutering services

****Send to: Vernon County People for Pets, PO Box 383, Nevada, MO 64772****

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Message or Work Phone(____) _____

Family Size _____ Total family monthly income _____ Annual _____

Are you 65 or over? Yes or No If yes, date of birth ____/____/____ (mo/day/yr)

Do you have a permanent disability? Yes or No If yes, list: _____

Please circle or write in the amount you can afford to pay for each pet's spay/neuter
\$20.00 \$25.00 \$30.00 \$35.00 \$40.00 \$45.00 Other \$ _____

Are any of the pets stray or homeless? Yes or No

Are any of the pets pregnant, in heat, or nursing? Yes or No (If yes, please note beside pet's name below)

Please list any special considerations the VCPFP should use in considering your application.

Circle:(Dog, Cat)(Male, Female) Does your pet need its yearly Rabies shot? (Yes or No)
Pet Name: _____ Age: ____ Approximate Weight: _____ # Breed: _____

Circle:(Dog, Cat)(Male, Female) Does your pet need its yearly Rabies shot? (Yes or No)
Pet Name: _____ Age: ____ Approximate Weight: _____ # Breed: _____

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Pet Name: _____ Age: ____ Approximate Weight: _____ # Breed: _____

There are three local Veterinary Clinics participating with our VCPFP spay/neuter vouchers. Please circle the Veterinary Clinic of your choice below. If no preference, circle 'No Preference' and one will be assigned for you.

| | | | |
|------------------------|-----------------------------|--------------------------|---------------|
| 54 Veterinary Clinic | Countryside Animal Hospital | Nevada Veterinary Clinic | No Preference |
| 2210 W. Austin, Nevada | 1200 East Hickory, Nevada | South Ash, Nevada | |

By signing this form, you affirm that all information included is true and correct to the best of your knowledge. All information must be completed for voucher consideration. If proven that you supplied false information, you will forfeit all benefits under this program.

VCPFP determines eligibility based on the guidelines of the organization. If you are eligible, a special voucher will be issued and sent to the Veterinarian that will be performing your pets' surgery. The Vet's office will then contact you by phone to schedule the appointment.

All vouchers expire 30 days from the date issued.

Signed _____ Date _____