

# Application & Voucher for Spay & Neuter Assistance

## Lane County Animal Services

3050 N Delta Hwy., Eugene, OR 97408  
682-3645 / 682-2009 (fax)



LCAS may be able to assist qualified low-income pet owners with \$50.00 vouchers to be used towards the spaying or neutering of their cat or dog at approved veterinary clinics. Qualifying residents must live in the unincorporated areas of Lane County.

**Upon use of this voucher you may also obtain a FREE one year license (voucher must be used at participating licensing veterinary clinic).**

### Applicant information:

Name: \_\_\_\_\_  
Please print First Middle Last

Telephone Number(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Full Address City/State/Zip

Mailing Address (If different from physical): \_\_\_\_\_  
Full Address City/State/Zip

Number of Dependents in Household (including yourself): \_\_\_\_\_

Below are the income eligibility guidelines to establish qualification for the Spay/Neuter Voucher program. To qualify for LCAS's voucher program, your gross income must not exceed the gross annual qualifying amount listed on the table below.

### 2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| Persons in family/household  | Gross Annual Qualifying Amount |
|--|--------------------------------|
| 1  | \$24,280                       |
| 2  | \$32,920                       |
| 3  | \$41,560                       |
| 4  | \$50,200                       |
| 5  | \$58,840                       |
| 6  | \$67,480                       |
| 7  | \$76,120                       |
| 8  | \$84,760                       |
| For families over 8 persons, add \$8640 for each additional person |                                |

### Income Information:

Gross Wages: \_\_\_\_\_  Hourly  Monthly  Annual Family/Household Size: \_\_\_\_\_

Number of vouchers requested: \_\_\_\_\_ (2 for dogs, 1 for cats available per year/per household-subject to availability)

Are you spaying/neutering a:  CAT  How many? \_\_\_\_\_ -OR-  DOG  How many? \_\_\_\_\_

Approx. age of animal(s): \_\_\_\_\_ Animal Name(s): \_\_\_\_\_

**I hereby certify that, to the best of my knowledge, the provided information is true and accurate.**

**Applicant Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### \*\*FOR OFFICIAL USE ONLY\*\*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dog License No.(s) \_\_\_\_\_

New  Renewal  To be issued  Replaced tag/new no.

Receipt copy attached  License application attached Vet Clinic: \_\_\_\_\_