

Levy County Low-Income Family Dog/Cat- Spay-Neuter Application Sheltering Hands, Inc.

Please complete and submit this application with a **photocopy of a photo identification** with your current address to:

Sheltering Hands P.O. Box 843 Williston, FL 32696

Eligibility: To qualify, you must be a resident of Levy County. You must also be able to provide proof that you are currently receiving at least one of the benefits listed below and/ or meet income guidelines as established by the U.S. Department of Health and Services There is a maximum of 5 pets per household for this program.

Please Print Neatly– all contacts will be by phone or email so make sure information is correct. Make sure all photocopies requested are enclosed.	Mailing Address
Name of Pet Owner	City Zip
Telephone Number(s)	E-Mail

If approved, an appointment for the surgery and rabies vaccine will be made with a participating surgical facility. The applicant must present the animal and **pay a co-pay of \$10.00 per animal.** Any additional fees or services are to be agreed upon by the veterinarian and the owner prior to the surgery.

*I, the undersigned, do hereby consent to the sterilization of the pet(s) described below and further attest the information contained herein is true and correct to the best of my knowledge. I understand the sterilization and vaccine given to my pet(s) is a contractual service performed by a veterinarian and that Sheltering Hands, Inc. is not liable beyond acceptance into the program.
I certify that I am the sole owner of the pet(s) listed herein. I authorize Sheltering Hands, Inc. to contact any program under which I am claiming eligibility for the sole purpose of eligibility verification.*

PLEASE MARK THE PROGRAM UNDER WHICH YOU ARE CLAIMING ELIGIBILITY AND **ENCLOSE COPY OF PROGRAM CERTIFICATION OR ID**

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> SSI |
| <input type="checkbox"/> FOOD STAMPS | <input type="checkbox"/> WIC |
| | <input type="checkbox"/> OTHER |

If Other is marked please answer the following:

1. How many family members currently live in your household? _____
2. What is the combined gross annual income of all family members currently living in your household?

Please note that it is unlawful in the state of Florida to make false claims pertaining to your financial condition

#	Pet Name	Sex	Cat or Breed of Dog	Approx Wt	Age
1					
2					
3					
4					
5					

Signature of Applicant	Date
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