

Hillsborough County Spay & Neuter Voucher Program Application





Get Your Pet "Fixed" for \$10!

(813) 744-5660 • 440 N. Falkenburg Road in Tampa Open 10 a.m. - 7 p.m.

HCFLGov.net/Pets

*For residents using public assistance programs or who meet other income criteria.



What is the Hillsborough County Dog and Cat Spay/Neuter Voucher Program?

The program allows Hillsborough County residents with limited incomes to get their pets "fixed" for a co-pay of \$10. The program includes a spay or neuter surgery, County license tag, and rabies vaccination. To use this program, you must live in Hillsborough County **and** show proof of:

- A. Participation or benefits from one of the following public assistance programs (a benefit card or letter):
 - Food Stamps
 - Hillsborough Health Care Plan
 - Medicaid
 - Section 8 Housing
 - Supplemental Security Income (SSI)
 - TANF (Temporary Assistance for Needy Families)
 - · Women, Infants & Children; OR

B. Low-income earnings, as defined by the Federal Poverty Income Guideline and the U.S. Department of Health and Human Services. Your income cannot be higher than 185 percent of the poverty level. If you aren't sure if you qualify, please call (813) 744-5660 for information.

The Truth About Spaying & Neutering

Getting your pet "fixed" will NOT make it fat, miserable, lazy or less able to love and protect you or your family. The one-time pet surgery will help your pet stay **healthier**, **live longer**, and have fewer behavior problems. Pets that are spayed or neutered:

- Cannot produce unwanted puppies or kittens
- Are less likely to develop serious diseases, such as cancer
- Are less likely to bite, run away, or fight with other animals
- · Are often more clam and affectionate
- Are less likely to spray and mark territory
- Tend to live longer, healthier lives overall

Frequently Asked Questions

What do spay, neuter and sterilize mean?

These words describe a surgery done by veterinarians to prevent pets from having puppies or kittens. Some people call this having your pet "fixed." Females are spayed. Males are neutered.

What does the program cover?

Not only does the voucher program cover the actual spay or neuter surgery at a participating clinic or vet's office, it also provides a County pet license tag and rabies vaccination (if your pet does not already have it).

Will there be extra fees?

The administrative fee of \$10 or co-pay shall be the only payment made by the resident and collected by the veterinarian for the sterilization procedure. There may be a cost for medication after surgery.

What if I have more than one dog or cat?

One approved voucher may be used for up to eight (8) dogs and cats, any combination, per calendar year. (Oct. - Sept.)

Can I use this program if I only receive Medicare or Social Security Disability?

Yes, but only if your household income isn't over 185 percent of the Federal Poverty Income Guidelines.

What if I lose my voucher or it expires before I am able to use it? Request a replacement by calling (813) 744-5660 and give your name and voucher number.

What if my dog or cat is sick when I bring it to the clinic for surgery?

Spay/neuter surgery may be postponed if your pet is sick, pregnant, nursing, in season (heat), or has other medical conditions. The veterinarian must make that decision, so contact that office for more information.

How old does my pet have to be to get it fixed?

Most dogs and cats can have spay/neuter surgery as early as eight (8) weeks of age. Important: pets can start having unwanted babies as early as four (4) months of age! It's best to "fix" or get them spayed/neutered as soon as possible.

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New applications are required for additional vouchers. For information, please call (813) 744-5660 or visit HCFLGov.net/Pets.

Directions to Apply for Spay/Neuter Voucher:

- 1. Fill out this form and sign it.
- 2. Mail or bring this form with a copy of your driver's license (or other Federal or State issued photo ID) and a copy of your benefit card or proof of public assistance. If you are not receiving benefits from any of the listed programs, bring in last year's tax filing form. Mail or bring the items in person to: Hillsborough County Pet Resource Center
- Approved vouchers will be issued along with a list of participating animal clinics. Use the list to choose a veterinarian and make an appointment. Do not bring your pet to the Pet Resource Center for surgery.
- 4. When bringing pets to the clinic, take the voucher with you, plus a \$10 co-pay for each animal being spayed or neutered.

| 440 N. Falkenburg Road, Tai | mpa, FL 33619 (Open 10 a.m | 7 p.m.) | 5. All uncompleted forms will be | returned | for corrections. |
|---|--|---|---|--|--|
| Name: | | | Pho | one: | |
| Address: | | | Apt City | State | Zip |
| Food Stamps Hillsborough Healthca Medicaid If you are NOT getting benefit What is the total number of fa If you are not receiving benefit How did you hear about Hillsk | Section 8 Housing re Plan Supplemental Sec TANF (Temporary s from any of the programs liste mily members in your household | g Curity Inco Assistanc d above, (include y d above, a | ome (SSI) e for Need Families) please answer the following: yourself)? copy of last year's tax filing form is r | n, Infants | & Children (WIC) |
| PET NAME (8) pets per year allowed | BREED/COLOR | AGE | HILLSBOROUGH COUNTY TAG # | SEX (circle) | TYPE OF ANIMAL (circle) |
| 1 | | | | M F | Dog Cat |
| 2 | | | | M F | Dog Cat |
| 3 | | | | M F | Dog Cat |
| 4 | | | | M F | Dog Cat |
| 5 | | | | M F | Dog Cat |
| 6 | | | | M F | Dog Cat |
| 7 | | | | M F | Dog Cat |
| 8 | | | | M F | Dog Cat |
| veterinarian to give my per to the best of my knowled are contractual (legal) serv owner of the pet(s) or pets | g: I agree to have my pets sp ts any necessary shots befor ge. I understand that getting vices, which Hillsborough Co s listed on this form, and the esources Division permission | rayed or re the su g my pet unty Pet ese anim | neutered through this program rgery. All of the information en "fixed" (spayed or neutered) a Resources Division is not respo als will be registered and licens cact any program where I am re | tered on nd gettir onsible fo sed in my | this form is true ng its vaccinations or. I am the name. I give |
| Driver license or Florida State ID number | | | | Date of birth | |
| Sign here | | | | | |
| Today's date | | | | | |

IMPORTANT: Remember to include a copy of your valid photo ID plus proof of benefit assistance or last year's tax filing.