

# 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 Co. Please fill out the following application and provide us with your certification.

**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: \_\_\_\_\_