



BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR PET SPAY/NEUTER ASSISTANCE PROGRAM

Conditions:

1. **Only residents of unincorporated St. Lucie County are eligible.**
2. Proof of residency is **required**. Submit copy of Driver's License, ID card or utility bill with the application (proof of residency must have your name and current address listed).
3. Pets must be 4 months of age.
4. Pet license is **required** at the time of surgery. (fee is additional)
5. Current rabies certificate or purchase is **required** at the time of surgery. (fee is additional)
6. Beginning October 1, 2019 - animals participating in the voucher program **must** be microchipped if not already microchipped. (fee is additional)

Important Notice: The Spay/Neuter Program **only** covers the cost of a routine spay/neuter procedure. It is your responsibility to discuss and pay for any additional charges for conditions that may be required or recommended for medical reasons such as pet pregnancy, animal in heat, retained testicles, enhanced anesthesia, upgraded pain and/or other necessary medications. These additional conditions and/or medications may require a co-payment on your part.

After you are approved by the St. Lucie County Animal Safety, Services & Protection Spay/Neuter Fund Administrator, the Veterinary Clinic that you have chosen below will be notified of the approved application. They will contact you directly to schedule the spay/neuter procedure and will go over any additional information regarding the appointment for your pet.

The approved voucher will expire if not used within **60 days** from the date of approval. Vouchers may not be transferred to another animal or pet owner.

For questions call: 772-462-8120 or TDD 772-462-1428.

I agree and accept the above stated conditions,

Signature: _____ Application Date: ____/____/____

Please complete the below portion legibly to ensure accuracy and approval in a timely manner

Printed Name: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____ (used to send application approval confirmation)

Pet Name: _____ Approximate Age: _____ Estimated Weight: _____

Species: Cat Dog Sex: M F Breed: _____ Color: _____

Date of last Rabies Vaccine: ____/____/____ None Microchip Number: _____ None

Requested Participating Veterinary Clinic (choose one):

- Holy Family Veterinary Hospital Operation SOS Dr. Dan's Animal Hospital

Please submit completed application and proof of residency to:

Mail: St. Lucie County Animal Safety
15305 W Midway Rd.
Fort Pierce, Fl. 34945
Attn: Spay/Neuter Program

or

Fax: 772-462-8484

Email: acvoucher@stlucieco.org

Official Use Only

Reviewed by: _____ Approved Denied: _____ Date: ____/____/____

Approved Application Transmitted: ____/____/____ via Email Fax to: _____