

# 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 \$100.00 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): \_\_\_\_\_ Email: \_\_\_\_\_

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 **twice** the Poverty Guidelines listed on the table below.

### 2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Income guideline	Qualifying Amount
1	\$14,580	\$29,160
2	\$19,720	\$39,440
3	\$24,860	\$49,720
4	\$30,000	\$60,000
5	\$35,140	\$70,280
6	\$40,280	\$80,560
7	\$45,420	\$90,840
8	\$50,560	\$101,120

For families with more than 8 persons, add \$10,280 for each additional person

### Income Information:

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

Number of vouchers requested: \_\_\_\_\_ (1 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: \_\_\_\_\_