

**KANKAKEE COUNTY ANIMAL CONTROL
ANIMAL POPULATION CONTROL PROGRAM
1270 Stanford Dr, Kankakee, IL 60901
815-937-2949**

**APPLICATION / ELIGIBILITY FOR
SPAY/NEUTER VOUCHER**

Application Criteria: Low Income SNIP Program

- **Complete part 1 of this application. Sign the form and submit it along with PROOF of your eligibility to the address above.**
- **Eligibility Requirements – THE APPLICANT MUST PROVIDE THE FOLLOWING:**
 1. **Provide current proof of residence in Kankakee County, drivers license/State ID and current utility bill.**
 2. **Provide proof of ownership of a dog or cat, (stray dogs, stray/feral cats are not accepted). If you can not show proof of ownership your application WILL not be approved.**
 3. **Provide proof that you are eligible for the food stamp program or social security disabilities insurance benefits program,(a copy of a notice of decision, statement of benefits, or a letter from a local food stamp office is acceptable proof of eligibility).**
 4. **Take approved application/voucher to participating veterinarian with whom you have scheduled an appointment for your dog/cat's surgery.**
 5. **Pay \$15.00 co-pay to the veterinarian at the time of the procedure.**
 6. **You are responsible for any additional costs other than surgery and approved vaccinations given the day of surgery.**
 7. **You must pay for rabies tag,(registration), and microchip if not already done. If hospital can not offer low cost microchip an appointment can be scheduled with Kankakee County Animal Control department for this service.**
 8. **You must provide transportation,(may participate in transport programs through NAWS, or SSHS)**
 9. **There is a three, (3), pet limit per household. Each pet would require a separate application. If you acquired this pet in the last six, (6), months you may not qualify; this program is not intended to encourage someone to get a new pet if they cannot afford routine medical care and treatment. If consideration is given it will be limited to one, (1), pet.**
 10. **THIS VOUCHER CAN NOT BE USED IN CONJUNCTION WITH ANY OTHER COUPON OR LOW INCOME PROGRAM.**
 11. **EXPIRATION DATE IS 30 DAYS FROM APPROVAL DATE.**
- **KANKAKEE COUNTY ANIMAL CONTROL WILL DO THE FOLLOWING**
 1. **Provide payment to veterinarian in the amount agreed upon after notification that the surgery has been completed.**
 2. **Provide applicant with a list of participating veterinary hospitals.**
 3. **Accept applications that have been approved by the Illinois Department of Public Health and Safety Animal Population Control Program.**

PART 1. CLIENT / PET INFORMATION – press hard using ballpoint pen

Name of Pet Owner: _____

Full Address (NO P.O. BOXES) _____ City _____ Zip Code _____

Phone Number(s): _____

Emergency Number: _____

PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY

____ Food Stamps ____ Soc. Sec. Disability Insurance ____ Supplemental Security Income

DO NOT SEND original documents. Copies of LINK or MEDICAID cards or checks can be accepted as verification of food stamp, SSDI or SSI eligibility.

Type of Pet _____ Dog ___ Male ___ Female ___ Cat ___ Male ___ Female

Name of Pet (one per application) _____ Breed _____ Weight (required for dogs) _____

How long have you owned the pet? _____

Rabies Tag # _____ Microchip # _____

I, hereby consent to the approved vaccinations and spay/neutering of the pet described above, and attest that the above information is true and correct. By signing below I also authorize the Illinois Department of Human Services and/or the Social Security Administration to release information regarding my current eligibility in the above program to the Kankakee County Animal Control Animal Population Control Program.

Signature of Pet Owner _____ Date _____

PART II VETERINARIAN INFORMATION INSTRUCTIONS

You must be an Illinois licensed veterinarian who has agreed to participate with the Kankakee County Animal Control spay/neuter program.

A pet owner must present an approved application along with their \$15.00 co-pay at the time of surgery. **NO EXCEPTIONS.**

A pet owner must purchase their pet's rabies tag and microchip. **NO EXCEPTIONS.**

Following completion of the surgery, please complete the bottom portion of this form, have the pet owner sign below, return the white copy with your monthly invoice to address above, return one copy to the owner, and keep one copy for your records.

_____ Hospital/Clinic Name _____ Address _____ Phone Number

_____ Date of Spay/Neuter _____ Cat (\$30) _____ Dog (\$45) _____ (\$10) > 75 # _____ (\$10) preg/in heat

_____ Date of Vaccines given _____ Rabies (\$10) _____ Distemper (\$10) _____ Kennel Cough (\$10)

Co-payment Received (\$15.00) _____ Yes _____ No

I hereby attest that the surgery for spay/neutering and vaccinations of the above animal was completed as recorded.

Signature of Participating Veterinarian _____ Date _____

Signature of Approved Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE- FOR AGENCY USE ONLY

APPROVAL CODE _____ **DATE ISSUED** _____

EXPERATION DATE _____
(30 days from issue date)

AUTHORIZED PERSONNEL SIGNATURE _____