

The spay/neuter voucher program is for adult **residents of Forsyth County** showing financial hardship which prevents them from spaying/neutering their pets. The funds for this program are limited, so it is important that we serve those who need our help the most.

Pet Information:

Name of Pet	Dog or Cat	Male/ Female	Breed & Color	Age	Internal Use Only Pre-Surgical Consultation Date	Internal Use Only Voucher Number

Upon co-pay and approval, you will be issued a voucher for use at a participating Veterinary Hospital. This voucher covers the cost of surgery, but **does not include** any required vaccines.

There is a co-pay to cover part of your pet’s surgery cost: **Cats \$25** and **Dogs \$25**

If the co-pay is beyond what you are able to contribute at this time please do not let it affect your application. You can speak with our Shelter Team to discuss the situation and possible reduce the co-pay amount.

The information you have provided will not be sold or shared.

I understand that SNAP vouchers are for pets owned by me – the applicant. The information I have provided about myself, my pets, and my household income are accurate and truthful. I have provided a current government issued picture ID that provides proof for Forsyth County residence and proof of government assistance. Fraudulent use of the spay/neuter assistance program will result in services charged to me at full price and possible legal action against me and other involved in the fraudulent use of vouchers.

Signature: _____ **Date:** _____

Witnessed by: _____ **Date:** _____