

Thank you for caring for the health and safety of your pet by having them spayed and neutered.

If you have shown proof that you income qualify,

**YOUR APPLICATION IS AUTOMATICALLY APPROVED**

This is reduced cost program for income qualified applicants. Through this program you may have a dog spayed or neutered for \$75 or a cat for \$40. **YOU MUST PRE-PAY FOR THIS SURGERY AT THE SHELTER BEFORE YOU WILL BE SCHEDULED.** Once we have received payment for the surgery, your information will then be forwarded to the vet's office.

**YOU MUST PROVIDE PROOF** that your animal has been vaccinated. If your animal is not vaccinated or you cannot provide records showing proof, vaccines **MUST** be given at the time of your surgery. We **DO NOT** pay for vaccines. Please call the clinic you have chosen for the surgery to get an estimated price on vaccines. Dogs must have their rabies and parvo/distemper vaccines. Cats must be given their PRC vaccine and their rabies.

Your pet must be sent home with pain medication after surgery is performed. The discount cost for your pet is approximately \$5.00 to \$20.00. Please be sure to have the funding for the vaccines as well as pain medication, available the day of your appointment. Remember, if your pet is current on their vaccines there is **NO CHARGE** for the vaccines, but you **MUST** provide proof when you check in for your appointment.

**IF YOU FAIL TO SHOW UP FOR YOUR APPOINTMENT WITHOUT NOTICE, YOU WILL BE AUTOMATICALLY DISQUALIFIED FROM THIS PROGRAM. PLEASE RESEPECT THE AMOUNT OF TIME AND MONEY IT TAKE TO MAKE THIS PROGRAM POSSIBLE.**

*Please sign below stating that you have read and understand and*

*agree to follow by the above rules*

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*Name*

*Date*

# CHIPPEWA COUNTY

## Spay/Neuter Assistance Application

We provide spay/neuter certificates and subsidy for spay/neuter surgery to individuals living in Chippewa County with genuine financial need. Please fill out your application completely and include required proof of financial need.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone or message phone \_\_\_\_\_

Have you applied for assistance before? \_\_\_yes \_\_\_no

### Financial Need Information

To qualify you must meet one of the following and provide proof:

1. If you receive public assistance, check the appropriate box and include a copy as proof. If you are providing a Medicaid or Bridge Card, you must provide a letter showing your case is current.

- \_\_\_\_\_ Medicaid/mihealth card
- \_\_\_\_\_ SSI or SSD letter
- \_\_\_\_\_ Bridge Card
- \_\_\_\_\_ Letter from public housing

**OR**

2. MAX ANNUAL FAMILY INCOME - Check one that applies.

Include a copy of the previous years income tax return as income proof if you do not receive public assistance as listed above.

No of people in household	Max annual income
1	\$15,301 or less
2	\$20,709 or less
3	\$26,117 or less
4	\$31,525 or less
5	\$36,933 or less
6 or more	\$42,341 or less

**I do not meet the low income guidelines.** If you do not meet the income guidelines and want to request our help due to special circumstances, fill out this application and attach a separate letter telling us why you need our financial assistance. You must also include a copy of your Income Tax Return

**CONTINUE ON BACK**

**PET(S) INFORMATION**

Pet's name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Male \_\_\_\_\_ or Female \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_

Color / Description of Pet \_\_\_\_\_

If female has your pet had babies? \_\_\_\_\_yes \_\_\_\_\_no

Is your pet currently vaccinated? \_\_\_\_\_yes \_\_\_\_\_no Veterinarian's Office \_\_\_\_\_

Who is your preferred Veterinarians Office for this surgery \_\_\_\_\_

**YOU MUST PROVIDE PROOF OF VACCINATION AT THE TIME OF SURGERY. IF PROOF IS NOT PROVIDED YOU MUST HAVE YOUR ANIMAL CURRENT ON THEIR VACCINES. THE COST IS \$15.00 PER VACCINE AT A TOTAL OF \$30.00 PER ANIMAL.**

Was this animal \_\_\_\_\_found \_\_\_\_\_purchased \_\_\_\_\_gift \_\_\_\_\_adopted from the shelter?

If you are applying for more than one animal, please include the above information for each animal on a separate piece of paper.

**Read this before you sign; I hereby affirm that all information in this application is true and correct and that I have not omitted anything that would make my application false or misleading. I am applying for this for my own pet only. I am aware that Chippewa County Animal Shelter is not responsible for any further vet bills including pre and post operation. CCACS is not responsible for any surgical complications or costs that occur from a spay/neuter. I understand that all information will remain confidential.**

**YOUR SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Mail or bring to:  
Chippewa County Animal Control Shelter  
3660 S. Mackinac Trail  
Sault Ste. Marie, MI 49783