

**Daviess County Animal Control
2620 Hwy. 81
Owensboro, KY 42301
(270)685-8275**

Reduced Cost Spay/Neuter Application

Daviess County Animal Control is working with local veterinarians to provide spay/neuter at a reduced cost to residents of Daviess County who qualify for public assistance programs. In order to qualify, applicants must be at least 18 years old and must provide proof of eligibility to participate in this program such as:

1. Proof of participation in food stamp program or written approval for such.
2. Current Medicaid card
3. Current WIC card
4. Medicaid benefits
5. Section 8 housing.
6. We also offer the program to those who meet certain income criteria.

Payment must be made to Daviess County Animal Control and voucher will be issued. Appointment can be made directly by pet owner at one of the following participating veterinarians:

East Side Animal 270-685-0839
Towne Square Animal Hospital – 270-685-1111
Audubon Animal Hospital – 270-684-7288
Wills Animal Hospital – 270-684-3201

Some veterinarians charge slightly different amounts based on weight*

Some vets also have extra charges for flea treatment, pain medication, etc.

Please discuss these rates with the vet prior to the appointment.

All animals over 4 months must be current on rabies at the time of surgery. If it is not current a rabies voucher must be purchased at the same time as the spay/neuter voucher for an additional charge.

No refunds will be issued, no exceptions.

Income Guidelines

1 person - \$19,450
2 people - \$22,200
3 people – \$25,000
4 people - \$27,750
5 people - \$29,950
6 people - \$32,200
7 people - \$34,400
8 people - \$36,650

Reduced Cost Spay/Neuter Application

Complete and return this application in person with proof of eligibility and picture identification to:
Daviess County Animal Control
2620 Highway 81
Owensboro, KY 42301
270-685-8275

Owner Information

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Pet Information

Dog: _____ Cat: _____ Male: _____ Female: _____

Breed: _____ Color: _____ Age: _____

Proof of Rabies Vaccination: _____ Name: _____

Disclaimer

-I, acting as owner or duly authorized agent of the owner of the animal named above, hereby request and authorize the participating veterinarian to perform surgical sterilization (spay/neuter) on this animal.

-I understand all surgery carries risks up to and including death. I will consult the participating veterinarian for specific details about the procedure to be performed on my animal.

-I certify, to the best of my knowledge, my animal is in good health and will be given **no food after 9:00 p.m. the evening prior to surgery.** I will give my animal drinking water at all times.

-I understand the participating veterinarian will not perform a comprehensive health screening on my animal before surgery. Further, I understand the participating veterinarian may refuse to perform surgery on my animal if he/she believes it would pose a significant health risk. I will consult the participating veterinarian for details about health problems that may disqualify my animal from this program. In many cases, these problems may be successfully treated at my expense and my eligibility for this spay/neuter program may be restored at a later time.

-I understand if I don't retrieve my pet at the agreed upon time, the participating veterinarian will turn the animal over to Daviess County Animal Control which will make a reasonable effort to contact me before following their policies and procedures related to unwanted animals.

-I understand if my animal does not have valid rabies vaccination, one will be given at the rate of \$10 and I must apply separately through Animal Control, for a corresponding license tag.

-I hereby release Daviess County, all of its officers, managers, employees, as well as participating veterinarians and their staff from all claims arising from or connected to this operation or procedure. I agree I have not or will not claim any right of compensation from any person or entity or file any action by reason of such sterilization or attempted sterilization of such animal or any animal or any consequences related thereto.

-I also realize that it is my responsibility to discuss the procedure and rate with the veterinarian prior to the procedure.

Signature: _____ Date: _____

Shelter Staff _____ Vet Clinic: _____

Office Use Only

Proof of Eligibility _____ Number _____

Approved By _____ Date _____