

**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 low income pet owners. In order to qualify, applicants must be at least 18 years old and must provide proof of household income. Household includes everyone that lives in a residence.

Income Guidelines

- 1 person - \$26,000
- 2 people - \$30,000
- 3 people – \$33,000
- 4 people - \$36,000
- 5 people - \$39,000
- 6 people - \$42,000
- 7 people - \$45,000
- 8 people - \$48,000

Voucher Prices

- Female Dog: \$75 / \$85
- Male Dog: \$55 / \$65
- Female Cat: \$50 / \$60
- Male Cat: \$30 / \$40

To receive a voucher, applicant must come to the Daviess County Animal Shelter and:

1. Bring proof of qualification to the shelter
2. Complete a “Reduced Cost Spay/Neuter Application”
3. Pay the above listed appropriate voucher price (*due at the same time as applicant is requesting a voucher*)

***Payment must be made at the Daviess County Animal Shelter same day.***

No refunds will be issued, no exceptions.

Voucher is not transferrable.

You will be required to show identification at time of use at veterinarian’s office.

The owner of the animal is responsible for making the surgery appointment for their pet at any 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 veterinarians also have extra charges for flea treatment, pain medication, blood work, etc.

***It is the owner’s responsibility to discuss any additional charges or fees with the vet prior to the appointment. Any and all additional charges are the sole responsibility of the pet owner and payable to the vet at the time of service.***

Total Paid By Applicant: \_\_\_\_\_

Total Paid By Shelter: \_\_\_\_\_

## Reduced Cost Spay/Neuter Application

### Owner Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ DL #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Proof of Qualification: W2 / Tax Return / Awards Letter

*Circle which proof of qualification(s) you brought today*

### #1 Pet Information

Pet Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Is this animal current on its Rabies Vaccine: YES / NO

### #2 Pet Information

Pet Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Is this animal current on its Rabies Vaccine: YES / NO

### #3 Pet Information

Pet Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Is this animal current on its Rabies Vaccine: YES / NO

### 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 before.

-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. Reclaim fees will apply.

-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.

**Some vets also have extra charges for flea treatment, pain medications, blood work, etc. It is my responsibility to discuss these rates with the vet prior to the appointment, as any additional charges are solely my responsibility.**

**VOUCHERS ARE NON-TRANSFERRABLE; You will have to provide identification at the vet to use the voucher.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_