

Spay/Neuter Program Application

Date Of Application: _____

Owner's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Drivers License : _____

Animal Name: _____ Canine Feline Other _____

This voucher is to be used toward spay/neuter surgery ONLY.
Any additional services/medication will not be paid for by MCAC.
This voucher cannot be used towards a credit on the client's account,
or for other services such as vaccines or other treatments.

Pet Owner must have a household income of \$35,000 or less to qualify.
Income Verification (Circle One) W2 Medicare WIC Food Stamps

Additional Notes: _____

By accepting the MCAC voucher, you (owner/veterinarian) agree to the following terms:

- Any additional payment will be the owner's responsibility.
- This voucher is only acceptable for spay/neuter surgery and a current rabies vaccination if applicable for the animal(s) named.
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MCAC Staff Signature

Approval Date

Marshall county spay / neuter program is funded by donations and only active when funds are available.