

THE AIKEN COUNTY "NO MORE HOMELESS PETS" SPAY AND NEUTER PROGRAM APPLICATION

The undersigned is a resident of Aiken County and is the owner seeking to qualify for the Aiken County "No More Homeless Pets" Spay & Neuter Voucher Program. Please provide your driver's license and an additional document as proof of residency; both documents must match. Vouchers are limited to two, per household, per fiscal year. The program includes sterilization surgery. The voucher does <u>not</u> cover the entire cost associated with the sterilization surgery. After completion of the application, please turn it in. I hereby consent and authorize the veterinarian to receive, prescribe for, treat and operate upon:

Circle One: Dog / Cat

Color: Pet's Name:

		Weight			
Breed:		(required):	Sex:	Eye Color:	
could increase ane etc will not be per	derstand my pet may have sthetic and post-surgical re- formed before surgery and	ecovery risk. I also un am agreeable with thi	derstand that press.	may not be apparent at the tine coperative lab work such as Cormless Aiken County and the	CBC, BMP, EKG
waive all claims I	later may have which may	relate to the services	provided to my p	bet under this Program.	ie vetermarian una
Number of Household Members		lembers	Annual Household Income		
			\$	<u> </u>	
	that I am the owner of th			that I have provided on this ome qualifications for this pr	
Applicant's Signature				Date	_
Address including Zip Code				Phone	_
Staff Use Only:	Approved [] Denie	d [] Grounds for d	enial:		
Verification by:		9. 99		Date:	
	Aiken County Code Enf	orcement Staff			

Owner: Please turn in your application at the Administrative counter. After approval, you will receive a voucher. You must call the veterinarian of your choice to make an appointment for the surgery. **The voucher must be redeemed within 90 days unless otherwise stated.**