



**THE AIKEN COUNTY “NO MORE HOMELESS PETS”
SPAY AND NEUTER PROGRAM APPLICATION**

The undersigned and 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 as proof of residency. Vouchers are limited to two, per household, per fiscal year. The program includes sterilization surgery. **The voucher does not 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: _____

Breed: _____ Weight: _____ Sex: _____ Eye Color: _____

Please initial the following:

_____ I understand my pet may have a pre-existing health condition which may not be apparent at the time of surgery and could increase anesthetic and post-surgical recovery risk. I also understand that preoperative lab work such as CBC, BMP, EKG etc will not be performed before surgery and am agreeable with this.

_____ By signing this consent/application, I assume all risks and hold harmless Aiken County and the veterinarian and waive all claims I later may have which may relate to the services provided to my pet under this Program.

The undersigned has an annual household income equal to or less than as indicated by circle on the chart below:

AIKEN COUNTY MEDIAN FAMILY INCOME		HUD Income Qualification							
Family Members	1	2	3	4	5	6	7	8	
Income	\$29,900	34,200	38,450	42,700	46,150	49,550	52,950	56,400	
Example: Family of 3 with a total yearly income of \$37,500 or less would be eligible for the program.									

Affidavit: I (print name) _____ do solemnly swear that I am the owner of the subject animal, and the information that I have provided on this application is true. I accept any penalties set forth by law for providing false information about my income qualifications for this program.

Applicant’s Signature _____
Date

Address including Zip Code _____
Phone

Staff Use Only: Approved [<input type="checkbox"/>] Denied [<input type="checkbox"/>] Grounds for denial: _____
Verification by: _____ Date: _____ Aiken County, Animal Shelter Manager

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.**