

Chasing Daylight Animal Shelter

Low Cost Spay/Neuter Application



Our goal at Chasing Daylight, with the assistance of grants and community donations, is to achieve a world of No More Homeless Pets. This has been a huge campaign by the Humane Society of the United States and other large groups for the last few years. Your interest in achieving this goal is appreciated. Altered pets have many benefits, first and foremost the elimination of unplanned/unwanted litters. We will contact you within 7 days to inform you of the status of your application. Thank you

Details and Requirements:

- You must be a resident of Monroe County
- You must fill out this application and return it to Chasing Daylight Animal Shelter
- You must show proof of income eligibility
 - To be eligible for this program, you must be a participant in Badgercare, FoodShare, WIC or SeniorCare
- If approved, this assistance is only for spay-neuter assistance. You are responsible for any pre-op exam fees, required vaccinations, etc.
- If approved, you are responsible for the co-pay. The co-pay is required before an approved voucher will be released.
 - Co-Payment fees are: \$25 per animal (check or cash ONLY)
- You may only receive assistance from this program one time.
- If you do not show up to your scheduled appointment (you may call and reschedule your appointment in the event of an emergency), you will forfeit your voucher, as well as your co-pay. There will be no refunds issued.

Owner Name: _____
 Address _____ City, State: _____
 Phone Number: _____ Email Address: _____
 Date of Birth: _____ Place of employment: _____

Have you applied for assistance with us before? If yes, when? _____

Pets that need spay/neuter assistance:

	Dog or Cat	Pet's Name	Sex	Breed/Description	Approx. Age	Approx. Weight	Vaccines current?
1							
2							

How would receiving assistance to spay or neuter your pet improve the life of you or your pet?

I understand that vouchers are for pets owned by me, the applicant. All of the above information is accurate and truthful.

Signature: _____ Date: _____

Received by:	Date:	Approved/Denied:	Income Eligibility program:	Eligibility verified by:
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