



Application for ACT Spay/Neuter Assistance

Name _____

Mailing address _____

Physical address _____

Phone _____

Name of pet, breed, and age

Pet's weight, sex

Are you eligible for this program?

To qualify, you must be a resident of the South Tahoe area.

TO RECEIVE ASSISTANCE, YOU MUST INCLUDE THE FOLLOWING WITH THIS APPLICATION:

1. **Proof of residency:** a copy of a recent utility bill for your residence (telephone, gas, electricity, cable or satellite). A cell phone bill that does not show your residence (for example, is mailed to a PO box) is not acceptable; AND
2. **Proof of identity:** a copy of your ID (driver's license or government-issued ID card); AND
3. **Proof of payment** for a spay-neuter procedure for your dog or cat. Details about the pet and the name of the owner must be included on the document.

Upon approval of your application, a check will be mailed to you. Please allow 2-4 weeks for payment. This program will last until funds are exhausted.

Limit two procedures per household in a 12-month period. Procedure must have taken place within two months of postmark of this application.

You may go to any veterinarian, but the owner of the pet must be a south Tahoe resident.

One application is required for each animal.

Please mail this application to:
Animal Coalition of Tahoe
PO Box 3096
Stateline NV 89449