



Application for ACT Spay/Neuter Voucher

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 basin.

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

1. **Proof of residency and identity:** this must include **BOTH** a copy of your ID (driver's license or government-issued ID card) and a copy of a recent utility bill for your residence (telephone, gas, electricity, cable or satellite).
2. A **check or money order** for \$25 per pet, made payable to ACT.

Upon approval of your application, a voucher and information on our participating veterinarian will be mailed to you.

Make the appointment for your pet's surgery as soon as you receive the voucher, but not before: you must present the voucher at the time of surgery. The voucher covers only the cost of routine surgery: complications or additional services, as described in the Spay-Neuter Program brochure, are not included. One application is required for each animal.

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

Questions? Call us at 530-222-9183.