

Directions

1	Please include both your physical address and mailing address (if different). Enclose a copy of Pet Owner's Drivers License or other photo ID and a copy of a recent utility bill or rental receipt, etc. This program is only available to residents of Pasco County.
2	Applicants qualified on the basis of receiving benefits from one of the listed programs must provide a copy of your benefit card with your application as proof of enrollment. If you completed Part 2 you may skip Part 3.
3	If you are not on public assistance, you may still qualify based on household size and income. You must enclose readable copies of one of the following: last year's tax return, or your last two paycheck stubs
4	Qualified applicants may have up to 3 pets per household sterilized for low co-pay amounts of \$10 per cat or \$20 per dog.
5	Qualified households with more than 3 pets may have unlimited additional surgeries at rates of \$45 per cat or \$80 per dog. All surgeries will include a current Pasco County License tag.
6	After you read, sign and date the application, determine your total cost and include check or money order payable to Spay Pasco. If you do not include payment your application will not be processed.

Send [application](#), [required copies](#) & [payment](#) to:
Spay Pasco, PO Box 506, San Antonio, FL 33576

If you qualify, you will receive an approved certificate in the mail, along with a list of participating animal clinics and instructions on scheduling an appointment.

Part 1: Spay Pasco Low Cost Spay / Neuter Assistance Application

Pet Owner _____ Phone Number _____ Cell _____
 Physical Address _____ City _____ ZIP _____
 Mailing Address (if different) _____ City _____ ZIP _____

Part 2: Please check below if you **ARE** currently receiving benefits from any of these programs:

- Medicaid
 Food Stamps
 WIC
 SSI-Supplemental Security Income

Part 3: If you are **NOT** receiving benefits from any of the programs listed on the left, please answer the following:

How many (including yourself) live in your household? _____

 What is the total income (before taxes) for all persons in your household, from all sources? _____ weekly /biweekly / monthly / annually

Part 4: Low Co-Pay Surgeries (up to 3 pets) per household (Cats = \$10; Dogs = \$20)

For more than 3 pets, list your top priorities in this box and the remainder in Part 5.

Pet Name	Sex (Circle)	Species (Circle)
1. _____	M/F	Dog/Cat
2. _____	M/F	Dog/Cat
3. _____	M/F	Dog/Cat

Part 5: Low Cost S/N option for a household with more than 3 pets. (Cats = \$45; Dogs = \$80)

Pet Name	Sex (Circle)	Species (Circle)
4. _____	M/F	Dog/Cat
5. _____	M/F	Dog/Cat

Veterinary Office Use ONLY

Name of Hospital - _____
 DVM Signature _____ Date _____ County Lic. No _____

 Sign and date next to each pet when surgery completed

.Veterinary Office Use ONLY

Name of Hospital - _____
 DVM Signature _____ Date _____ County Lic No _____

 Sign and date next to each pet when surgery completed

Part 6:

1. The above described pet(s) live at my home address. I agree that a representative from Spay Pasco may contact me and schedule a time to come to my home and verify this pet.
 2. I attest that the above information is true and correct to the best of my knowledge.
 3. I hereby consent to the pre-surgical rabies immunization, if required, and spay/neutering of the pet(s) described above.
 4. Animals that are spayed or neutered and vaccinated as a result of the Spay Pasco program are the responsibility of the animal owners. I hereby agree that Spay Pasco, Inc. the veterinarians and veterinary hospitals performing surgery, the staff and volunteers have no responsibility or liability for any injury or damage, or claims subsequent thereto, to any person, property or animal, caused directly or indirectly by any of the participating parties. I agree to participate in this program and agree to this waiver of liability. **No refunds will be issued to pet owner if surgery appointment is cancelled.**
- I have read the above statements and sign here that I agree

Signature of the Pet Owner (Required) _____ Date _____

For more information call 352.585.6205 or visit us at spaypasco.com

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