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Low Cost Spay/Neuter Program

**Application**

Thank you for your interest in spaying or neutering your pet! This program is available to qualifying applicants to provide a discount for your pet’s spay/neuter surgery. A voucher will be issued to qualifying applicants, it will be the pet owner’s responsibility to make an appointment with the participating vet by the voucher expiration date. If you are applying for multiple animals, please complete an application for each animal.

**What are the requirements for being eligible?**

1. Be a permanent resident of Mono County including Mammoth Lakes, or a military family based in Mono County.

1. If this voucher is for your dog, you must have a current dog license either with Mono County Animal Control or with the Mammoth Lakes Police Department.

Please complete the following to the best of your knowledge. A voucher will be mailed to the address provided in this application, upon review.

**Owner information**

First and Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years of age and the legal owner of this animal? \_\_\_\_\_\_\_

**Pet Information**

Dog\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat\_\_\_\_\_\_\_ Feral or barn cat? \_\_\_\_\_\_\_\_\_

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description/Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many litters has your pet had in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_

Has this pet ever seen a vet? \_\_\_\_\_\_\_ Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this pet have any medical conditions? \_\_\_\_\_\_ Please specify Below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet Information**

Dog\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat\_\_\_\_\_\_\_ Feral or barn cat? \_\_\_\_\_\_\_\_\_

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description/Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many litters has your pet had in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_

Has this pet ever seen a vet? \_\_\_\_\_\_\_ Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any medical conditions? \_\_\_\_\_ Please Specify Below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet Information**

Dog\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat\_\_\_\_\_\_\_ Feral or barn cat? \_\_\_\_\_\_\_\_\_

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description/Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many litters has your pet had in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_

Has this pet ever seen a vet? \_\_\_\_\_\_\_ Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any medical conditions? \_\_\_\_\_ Please Specify Below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet Information**

Dog\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat\_\_\_\_\_\_\_ Feral or barn cat? \_\_\_\_\_\_\_\_\_

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description/Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many litters has your pet had in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_

Has this pet ever seen a vet? \_\_\_\_\_\_\_ Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this pet have any medical conditions? \_\_\_\_\_\_ Please specify Below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial the following**

\_\_\_\_\_I understand that, upon receiving my pet’s voucher, it is my responsibility to make an appointment with the participating vet before the expiration date of the voucher.

\_\_\_\_\_I understand that the surgery may cost extra if any complications arise.

\_\_\_\_\_I Understand that I must fast my pet prior to surgery.

**Participating Vet**

Sierra Vet Clinic

2640 W Line St, Bishop, CA 93514

[(760) 873-4824](https://www.google.com/search?safe=strict&tbs=lf:1,lf_ui:2&tbm=lcl&sxsrf=ALeKk03w2chFR88424qhHC7Qsg2f5D9szQ:1614902106225&q=sierra+vet+clinic&rflfq=1&num=10&sa=X&ved=2ahUKEwiWq42T65fvAhVK7J4KHUQHCNkQjGp6BAgJEG0&biw=1920&bih=937)

Amount Mono County Animal Services will pay toward each surgery

|  |  |  |  |
| --- | --- | --- | --- |
| Dog |  | Cat |  |
| Neuter | $80 | Neuter | $50 |
| Spay | $90 | Spay | $80 |