



APPLICATION/ELIGIBILITY VOUCHER FOR LOW-COST SPAY/NEUTER

APPLICANT INSTRUCTIONS

- Complete **Part I** of this application. Sign the form and submit with **PROOF OF ELIGIBILITY** to the address above.
- If you meet the eligibility requirements for the program, this form will be returned to you with an **APPROVAL CODE**, **DATE ISSUED**, and **AUTHORIZATION STAMP** in Part III at the bottom of the form, and a list of participating veterinarians. You must pay a **\$15 co-pay** to the veterinarian at the time of the procedure.
- If you do not meet eligibility requirements, this form will be returned to you with an explanation.
- You are responsible for any additional fees other than the examination, pre-surgical vaccinations, and spay/neuter.

VETERINARIAN INSTRUCTIONS

- You must be an Illinois licensed veterinarian who has submitted a **Veterinarian Application/Agreement to Participate** to the Illinois Department of Public Health prior to the procedure(s).
- An animal owner or feral cat colony manager must present this approved **Application/Eligibility Voucher** (with the Department seal affixed below) **PRIOR** to provision of reimbursable services.
- Following completion of the procedure, complete **Part II** of this form and return this form with an **itemized invoice** to the address above. **Make one copy for the animal owner/feral cat colony manager and one copy for your records.**

PART I APPLICANT CONSENT FORM

Name of Pet Owner/Feral Cat Colony Manager _____ Address _____ City/State/ZIP Code _____

ELIGIBILITY YOU ARE CLAIMING (Select One)

- SNAP (Formerly the Food Stamp Program) Social Security Disability Manager of Feral Cat Colony
Date of Disability _____

Attach proof of eligibility. Proof of eligibility may include a copy of SNAP benefit statement, annual notice of benefits from Social Security Disability, or letter of designation as manager of a feral cat colony.

DO NOT SEND original documents, copies of LINK or MEDICAID cards, checks, or checking account statements.
A maximum of two pets or five feral cats will be approved per owner/feral cat manager per state fiscal year (July 1 – June 30).

Type of Animal: Female Dog Male Dog Female Cat Male Cat

Name of Pet (1 per application) (N/A for feral cats) _____ Breed _____ Approximate Weight (Required for dogs only) _____

I hereby certify that I am the owner of the animal described above, that I am authorized by the eligible owner to present the animal for the procedure, or that I am the manager of a feral cat colony. I hereby consent to the pre-surgical immunization and spay/neuter of the animal described above, and I attest the above information is true and correct to the best of my knowledge. By signing below, I also authorize the Illinois Department of Human Services and/or the Social Security Administration to release information regarding my current eligibility in the above programs to the Illinois Public Health and Safety Animal Population Control Program.

Signature of Owner/Feral Cat Colony Manager _____ Date _____

PART II VETERINARIAN CERTIFICATE

Veterinarian/Clinic Name _____ Address _____ City/State/ZIP Code _____ Phone Number _____

Vaccines Given _____ Weight of Animal (dogs only) _____ Date of Spay/Neuter and Vaccination _____

\$15 co-payment received? Yes No FEIN # _____

I hereby attest that the spay/neuter procedure and vaccination of the above animal were completed as recorded.

Signature of Participating Veterinarian _____ Date _____

Signature of Owner/Feral Cat Colony Manager _____ Date _____

PART III ELIGIBILITY VOUCHER DO NOT WRITE BELOW THIS LINE – FOR AGENCY USE ONLY

NOTE: ELIGIBILITY VOUCHER IS VOID SIX (6) MONTHS AFTER DATE ISSUED

APPROVAL CODE	DATE ISSUED	AUTHORIZATION	PAYMENT APPROVAL
			DATE APPROVED:
			AMOUNT APPROVED: