

Dear Pet Owner:

We are pleased to provide you with information about our Spay/Neuter Assistance Program. Our goal is to help pet owners and reduce the number of unwanted cats and dogs in Lake County. This program is made possible by the DAS Charitable Fund and participating animal hospitals.

This program is available to eligible pet owners meeting the following conditions:

- You must be a current Lake County resident.
- Your pet must be under five years of age.
- Limit one animal per household per year.
- You must provide dependent information and proof of household income. We accept any of the following as proof of household income:
 - Current paycheck stub or unemployment check stub;
 - Copy of letter from housing/leasing agency indicating subsidized housing is provided;
 - Copy of Medicaid card;
 - Copy of most recent Disability Statement;
 - Supplemental Security Income (SSI) letter showing monthly income, or current bank statement showing deposit amount from Supplemental Security Income (SSI); or
 - If working for cash: Income Verification Form or documentation on employer letterhead.
- Your pet must have a current rabies vaccination and be registered prior to, or at the time of surgery.

If your pet is approved for the program, we will mail you the following:

- Voucher with an imprinted seal (valid for 45 days; voucher includes an expiration date);
- List of participating animal hospitals.*
- Information on low cost vaccinations available through Lake County Animal Care and Control.

It is your responsibility to set up your pet's surgery appointment. When scheduling the appointment, identify yourself as a participant in the Spay/Neuter Program. Ask if there are any additional fees for surgical costs, pre- or post-surgical services. Please make every effort to keep your appointment.

We reserve the right to drop or deny pet owners from the program if they are thought to be deceiving or abusing the program.

If you have any questions, please call (847) 377-4700.

* The list of participating animal hospitals is not an endorsement of one particular animal hospital or of the entire list. The Lake County Health Department accepts no responsibility for the quality of the veterinary services rendered in this program.

SPAY/NEUTER APPLICATION

Date

For Office Use Only		
Date Received	Applicant ID	Voucher #
Comments		

Personal Information	
Last Name	First Name
Address	City, State Zip
Phone	Email

Pet Information			
Type	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Breed	Name		
Color	Age	yrs mos	Weight lbs.

Household Information (to determine if you qualify for reduced vaccinations)	
Annual Gross Household Income \$	Number of Dependents Including Self

How did you hear about the Lake County Health Department's Animal Care and Control program?

I certify and acknowledge the information is correct to the best of my knowledge and authorize its use in the spay/neuter program.

Applicant's Signature

Date

Please return completed form, with proof of income:

Method	Send To
Mail	Animal Care and Control Attn: Spay/Neuter Program 18736 W Peterson Rd Libertyville, IL 60048
Fax	(847) 984-5696
Email	animalcare@lakecountyil.gov

**Questions? Give us a call:
(847) 377-4700**

Animal Care and Control
18736 W. Peterson Rd., Libertyville, IL 60048
lakecountyil.gov/animalcare