

## What is the Hillsborough County Dog and Cat Spay/Neuter Program?

The program allows low-income residents to get their pets fixed for a co-pay of \$10. It includes a spay or neuter surgery, registration tag and rabies vaccine. To use this program, you must be a Hillsborough County resident and must either be:

A) getting benefits from one of the following and able to show proof, (such as a benefit card or letter):

- Medicaid
- Food stamps
- Supplemental Security Income
- WIC (Women, Infants & Children)
- Section 8 Housing
- TANF (Temporary Assistance for Needy Families)
- Hillsborough HealthCare Plan; **OR**

B) low-income, as defined by the Federal Poverty Income Guidelines put together by the U. S. Department of Health and Human Services. Your income cannot be higher than 185% of the poverty level.

If you aren't sure if you qualify, please call us for more information:  
813-744-5660



## Why Spay & Neuter?

Getting your pet fixed will NOT make it fat, miserable, lazy or less able to protect you or your family. Your pet will have **better health, a longer life and fewer behavior problems.**



Pets that are spayed or neutered:

- cannot produce unwanted puppies or kittens
- **are less likely to develop serious diseases, such as cancer**
- are less likely to bite, run away or fight with other animals
- are more calm and affectionate
- are less likely to spray and mark territory
- overall live longer, healthier lives

## Frequently Asked Questions

**What do spay, neuter, and sterilize mean?**

All of these things mean a surgery done by your pet's doctor that keeps your pet from having puppies or kittens. This is sometimes called having your pet "fixed." Females are spayed. Males are neutered.

**What does the program cover?**

The program covers the spay or neuter surgery, county tag and rabies vaccine if your pet does not already have one.

**Will there be extra fees?**

The administrative fee of \$10.00 shall be the only payment made by the resident and collected by the veterinarian for the dog or cat sterilization procedure and any post-op medications recommended.

**What if I have more than one dog or cat?**

You can apply for vouchers for up to 8 dogs and cats (any combination) per calendar year. (Jan-Dec.)

**Can I still use this program if I only receive Medicare or Social Security Disability?**

You can if your household income isn't over 185% of the Federal Poverty Income Guidelines.

**What if I lose my voucher or it expires before I am able to use it?**

Request a replacement by email, [info@hillsboroughcounty.org](mailto:info@hillsboroughcounty.org) or call (813) 744-5882 and leave your name and voucher number.

**What if my dog or cat is sick when I bring it to the clinic for surgery?**

If your pet is sick, in season (heat), pregnant, nursing or has other medical conditions, it might not be able to be fixed right away. The doctor will decide if your pet is able to be fixed. Contact the doctor for more information.

**How old does my pet have to be to get it fixed?**

You can get your pet fixed when it is as young as 8 weeks.

# Get your pet fixed for \$10!\*

## Hillsborough County Dog & Cat Spay & Neuter Program Application



### Don't Delay...Do it TODAY!



**(813) 744-5660**

[www.hillsboroughcounty.org/animalservices](http://www.hillsboroughcounty.org/animalservices)





*\* For people on public assistance or meeting other criteria.*

# Hillsborough County Dog & Cat Spay & Neuter Program Application

A new application is required for additional vouchers.

For more information call (813) 744-5660 or visit us at: [www.hillsboroughcounty.org/animalservices](http://www.hillsboroughcounty.org/animalservices)

\*For people on public assistance or meeting other criteria.

<b>Directions</b>	
	<b>Fill out this form and sign it.</b>
	<p>Mail this form, with a copy of your driver's license (or other Federal or State issued photo ID) and a copy of your benefit card or letter to the address below. If you are not receiving benefits from any of the listed programs, send copies of your last two paycheck stubs or last year's tax filing form instead of the benefit card or letter.</p> <p>Mail these items to:</p> <p style="text-align: center;"><b>Hillsborough County Animal Services P.O. Box 89159 Tampa, FL 33689-0402</b></p>
	<p>If you qualify for the program, you will get a voucher (form) in the mail, with a list of animal clinics where you can use it.</p> <p>Call one of the clinics on the list to make an appointment to get your pet fixed.</p>
	<p>When you bring your pets to the clinic, take the voucher with you. You will also need to pay a <b>\$10 co-pay</b> for each animal you get fixed.</p>

Please detach here and mail the signed portion of the form.

Your Name _____		Phone Number _____	
Address _____		Apt. _____	City, State & Zip _____
Please check the programs you are getting benefits from (if any): <b>Only these programs qualify.</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Hillsborough Healthcare Plan <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> WIC (Women, Infants & Children) <input type="checkbox"/> Section 8 Public Housing <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)		If you are <u>NOT</u> getting benefits from any of the programs listed on the left, Please answer the following:  What is the total amount of family members in your household (include yourself)? _____  What is the total income (before taxes) for all family members living with you? \$ _____ monthly weekly yearly (circle one)  Please note: it is against the law to lie about your income	
How did you hear about this program? _____			

	Pet Name 8 pets per calendar year	Hillsborough County tag # (if any)	Sex (circle)	Type of Animal (circle)
1			M F	Dog Cat
2			M F	Dog Cat
3			M F	Dog Cat
4			M F	Dog Cat
5			M F	Dog Cat
6			M F	Dog Cat
7			M F	Dog Cat
8			M F	Dog Cat

### Agreement - Please Sign

**Please read before signing:** I agree to have my pets spayed or neutered through this program I will allow the doctor to give my pets any shots that are necessary before the surgery. All of the information I have put on this form is true as far as I know. I understand that getting my pet fixed and giving it shots are contractual (legal) services, and that Hillsborough County Animal Services will not be involved after I am accepted into the program. I am the owner of the pet or pets that are listed on this form. These pets will be registered and licensed in my name. I give Hillsborough County Animal Services permission to contact any program where I am receiving benefits to check the information I gave.

\_\_\_\_\_  
Driver license or Florida state ID number      Date of birth

Please Sign Here \_\_\_\_\_

Today's Date \_\_\_\_\_

**Don't forget to send a copy of your Photo ID & proof of benefit card or last two paycheck stubs.**