

OFFICE USE ONLY

RECEIPT # _____

APPROVAL DATE: _____

WASHINGTON COUNTY SPAY/NEUTER PROGRAM
APPLICATION FORM

PLEASE PRINT

Name of Pet Owner: _____

Physical Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

- This program is designed to help the pets of owners of restricted incomes to have access to spay/neuter surgery. Therefore, it is necessary that you state the combined gross incomes for all resident family members for the last calendar year.

Number of Family Members: _____ **Family Gross Annual Income:** _____

Proof of income is required and must be included with this application form. Acceptable items to document proof of income include: last year's W-2 statement, income tax statement, social security statement, disability reimbursement statement, or pay check stub.

- Arkansas Law requires a current certificate of vaccination for rabies signed by a licensed veterinarian. If you cannot present a certificate with this application, you will be required to pay an additional non-refundable fee of \$10.00 for the Animal Shelter to vaccinate your animal and issue a certificate.
- Services must be utilized within 45 days of approval date.

I hereby certify that all the information reported above is true, accurate and complete and that I am a resident of Washington County but do not live within the city limits of either Fayetteville or Springdale.

I do furthermore release and hold harmless Washington County and its employees from any and all liability related to the performance of sterilization (spay or neuter) or other medical procedure or care. I understand that performance of any sterilization (spay or neuter) procedure is at the discretion of the Shelter Veterinarian.

Signature: _____ Date: _____

ANIMAL INFORMATION:

Pet Name: _____

Species: Dog Cat

Sex: Male Female

Age: _____

Breed: _____

Color: _____

SERVICES:

Spay/Neuter \$10.00

Rabies Vaccine \$10.00

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Appointment: _____

Approval Expiration: _____

Shelter ID #: _____

Rabies Verification: _____

Name of Pet Owner: _____

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RECEIPT # _____

APPROVAL DATE: _____

ANIMAL INFORMATION:

Pet Name: _____

Species: Dog Cat

Sex: Male Female

Age: _____

Breed: _____

Color: _____

SERVICES:

Spay/Neuter \$10.00

Rabies Vaccine \$10.00

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Appointment: _____

Approval Expiration: _____

Shelter ID #: _____

Rabies Verification: _____

ANIMAL INFORMATION:

Pet Name: _____

Species: Dog Cat

Sex: Male Female

Age: _____

Breed: _____

Color: _____

SERVICES:

Spay/Neuter \$10.00

Rabies Vaccine \$10.00

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Appointment: _____

Approval Expiration: _____

Shelter ID #: _____

Rabies Verification: _____

ANIMAL INFORMATION:

Pet Name: _____

Species: Dog Cat

Sex: Male Female

Age: _____

Breed: _____

Color: _____

SERVICES:

Spay/Neuter \$10.00

Rabies Vaccine \$10.00

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Name of Pet Owner: _____

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APPROVAL DATE: _____

ANIMAL INFORMATION:

Pet Name: _____

Species: Dog Cat

Sex: Male Female

Age: _____

Breed: _____

Color: _____

SERVICES:

Spay/Neuter \$10.00

Rabies Vaccine \$10.00

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Shelter ID #: _____

Rabies Verification: _____

ANIMAL INFORMATION:

Pet Name: _____

Species: Dog Cat

Sex: Male Female

Age: _____

Breed: _____

Color: _____

SERVICES:

Spay/Neuter \$10.00

Rabies Vaccine \$10.00

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Approval Expiration: _____

Shelter ID #: _____

Rabies Verification: _____

ANIMAL INFORMATION:

Pet Name: _____

Species: Dog Cat

Sex: Male Female

Age: _____

Breed: _____

Color: _____

SERVICES:

Spay/Neuter \$10.00

Rabies Vaccine \$10.00

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Appointment: _____

Approval Expiration: _____

Shelter ID #: _____

Rabies Verification: _____

THE WASHINGTON COUNTY SPAY/NEUTER PROGRAM

Eligibility to this program is limited to county residents who do not reside within the city limits of an incorporated city whose population is in excess of 10,000 and whose annual family incomes do not exceed the current Low Income Limits for Washington County as established by the U.S. Department of Housing and Urban Development (HUD).

Proof of income is required and must be included with this application form.

Acceptable items to document proof of income are: last years W-2 statement; income tax statement; social security statement; disability reimbursement statement; or pay check stub.

NO PERSON, ENTITY OR ORGANIZATION THAT UTILIZES THE SERVICES OF THIS PROGRAM MAY SELL, ADOPT, OR RELEASE AN ANIMAL TO PERSONS WHO RESIDE OUTSIDE OF WASHINGTON COUNTY. ANY VIOLATION OF THIS IS PUNISHABLE AND ENFORCEABLE AS SET OUT IN WASHINGTON COUNTY CODE 2.7-25, AS AMENDED.

(Ordinance No. 2009-69)

PROGRAM GUIDELINES

1. Qualifying pet owners who live in Washington County, but not within the city limits of an incorporated city whose population is in excess of 10,000 and whose family incomes do not exceed the HUD income limits may obtain application forms from the Washington County Animal Shelter as well as on Washington County's web site: www.co.washington.ar.us.
2. Complete one (1) application for each animal you wish to have spayed or neutered. No person, entity or organization may be approved for more than seven (7) animals per calendar year; furthermore, the total number of combined persons residing at the same physical address cannot be approved for more than seven (7) animals per year.
3. Applicants are required to pay a \$10.00 non-refundable fee per application. Checks are to be made out to the Washington County Animal Shelter.
4. A current certificate of vaccination for rabies signed by a licensed veterinarian is required by Arkansas Law. If you cannot present a certificate, an additional \$10.00 non-refundable fee will be paid by the pet owner to the Animal Shelter for the animal to be vaccinated and a certificate issued.
4. Sign and mail or deliver the application along with proof of income, rabies vaccination certification, and application fees to the Washington County Spay/Neuter Program, c/o County Animal Shelter, 801 W. Clydesdale Drive, Fayetteville, AR 72701 along with a self-addressed, stamped envelope.
5. Applications will be reviewed and recorded. A receipt along with an appointment date will be provided to the pet owner. Services must be utilized within 45 days of approval date.
6. The pet owner may deliver the animal for surgery and pick up the animal according to the arrangements made with the Animal Shelter.

**THIS PROGRAM IS CONTINGENT UPON FUNDING
BY THE WASHINGTON COUNTY QUORUM COURT.**

HUD FY 2016
WASHINGTON COUNTY, ARKANSAS
LOW INCOME LIMITS

1 Person	\$34,500
2 Person	\$39,400
3 Person	\$44,350
4 Person	\$49,250
5 Person	\$53,200
6 Person	\$57,150
7 Person	\$61,100
8 Person	\$65,050

BEFORE SUBMITTING APPLICATION HAVE YOU...

- Enclosed proof of income?
- Enclosed rabies certification?
- Enclosed completed & signed application?
- Enclosed appropriate non-refundable fees per animal?
- Enclosed self-addressed stamped envelope?
- Mail or bring to: Washington County Animal Shelter
801 W. Clydesdale Drive
Fayetteville, AR 72701