

CONFIDENTIAL APPLICATION
ICHS's Low-Cost Spay/Neuter Program

The undersigned Applicant understands that this Iowa County Humane Society (ICHS) program is intended to help low-income residents of Iowa County and surrounding areas pay for a portion of the cost of having an area veterinarian spay or neuter their cats or dogs.

It is the responsibility of the Applicant to select the veterinarian of their choice from the list to be provided by ICHS of the veterinarians who are participating in the program. Note that the veterinarians who are participating in the program may charge different rates. Therefore the voucher to be provided by ICHS to eligible applicants may cover more/less of the total cost of the procedure depending on the vet selected by the Applicant.

The two questions below are intended to help insure that the Applicant meets the low-income requirements of the program. Your responses shall be kept confidential.

1. There are ____ (insert number) of full-time residents residing in our household.

2. Our total yearly household income before taxes from all sources is approximately:
\$_____.

I affirm that the above information is correct to the best of my knowledge and information.

(sign name)

(date)

(print name)

(print mailing address)

_____(home phone) Applying for ____ dog ____ (M) ____ (F)

_____(cell) _____cat ____ (M) ____ (F)

_____(email)

Mail or deliver to ICHS ATT: Low Cost Spay/Neuter 305 YZ Dodgeville WI 53533
Or email outreach@ichs.net