

# Dog Spay/Neuter Voucher Program Description

Central Illinois Animal Welfare Coalition

www.ciawc.net

The Central Illinois Animal Welfare Coalition (CIAWC) is pleased to partner with the public and the veterinary community in Champaign and Douglas Counties to establish a healthy pet dog population in which every dog is well cared for in a lifelong home. Your involvement is crucial toward meeting this goal, and we hope you will encourage others to participate.

For \$50 per dog, CIAWC provides qualified low-income Champaign and Douglas County residents with vouchers to receive the following services at participating veterinary clinics:

- Pre-Surgical exam
- Sterilization surgery (spay for females, neuter for males)
- DAPPL vaccination (protects against distemper, parvovirus, and other diseases)
- Rabies vaccination
- Microchip identification
- Initial flea treatment

The typical cost of these services is \$250 or more. The voucher program provides a savings of 80% or more.

Additional testing, medications, etc. are the responsibility of the pet owner and will not be covered by CIAWC. Examples of potential costs that are not included:

- Pre-Anesthesia screen (blood test to evaluate health)
- Heartworm test and preventive
- Additional flea treatments and preventive
- De-Worming
- Post-Operative complications
- Rabies tag/registration

Dog owners should discuss potential additional costs with the selected veterinary clinic.

## **Animal Eligibility Requirements**

The program is limited to healthy dogs with no signs of disease.

Age requirements:

- Male dogs, 8 weeks to 5 years
- Female dogs, 12 weeks to 5 years

Dogs 6 years of age or older are considered on a case by case basis. The examining veterinarian may disqualify any animal if, in his/her opinion, the animal is not medically sound for surgery (in this case, CIAWC will transfer the voucher to another dog in the household or refund the cost to the pet owner).

## **Income Eligibility Requirements**

To qualify for the CIAWC Dog Spay/Neuter Voucher program, you must receive at least one type of public assistance or meet income requirements as described below. Proof of valid public assistance or total family income is required to confirm eligibility.

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Examples of public assistance include:

- Social Security Disability
- SSI (Supplemental Security Income)
- Link Card / SNAP (Supplemental Nutrition Assistance Program)
- WIC (Special Supplemental Nutrition for Women, Infants, and Children)
- TANF (Temporary Assistance for Needy Families)
- Medicaid
- Public Housing Programs, including Housing Choice Vouchers
- Child Care Assistance

To qualify based on income, your gross annual household income must not exceed the amounts listed on the following table.

Persons in family	Income guideline
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020
For families with more than 8 persons, add \$7,480 for each additional person	

Currently, there is a limit of two vouchers per household.

Once you have been approved for and have purchased your spay/neuter voucher, it is your responsibility to schedule your appointment within 30 days. The spay/neuter surgery and related services must be completed within 60 days of voucher purchase. Currently, the vouchers may only be used at the following veterinary clinics:

<u>Clinic Name</u>	<u>Phone (217)</u>	<u>Address</u>	<u>City</u>
Beaumont Small Animal Clinic	367-1187	1304 N. Cunningham Ave.	Urbana
Country View Veterinary Clinic	356-6481	2619 W. Springfield Ave.	Champaign
Southside Veterinary Clinic	359-5623	107 E. Church St.	Savoy
VCA Heritage Animal Hospital	356-2200	2101 N. Dunlap Ave. - Rt. 45	Savoy
Village Pet Doctor	485-7387	411 N. Long - Rt. 45	Tolono

To purchase a voucher, mail a completed application and proof of public assistance or family income to:

CIAWC Voucher Program  
c/o CARE Center  
P.O. Box 161  
Urbana, IL 61803-0161

Once the application is approved, you will be contacted to arrange the voucher purchase for \$50 cash or money order.

Need an application? Go online at [www.ciawc.net](http://www.ciawc.net) or call (217) 819-3535.

# Dog Spay/Neuter Voucher Application

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*Thank you for taking this step toward sterilizing your pet and keeping him/her healthy and safe. Please print and complete all information, as illegible or incomplete applications will not be considered.*

How did you first learn of this program? \_\_\_\_\_

\_\_\_\_\_

## **Applicant Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number(s) with Area Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_

## **Dog Information**

Dog's Name: \_\_\_\_\_ Sex: Male Female

Age: \_\_\_\_ years \_\_\_\_ months Weight: \_\_\_\_ pounds Color(s): \_\_\_\_\_

Breed(s): \_\_\_\_\_

## **Income Information**

Public Assistance (circle all that apply and provide documentation with application):

Social Security Disability      SSI      Link Card / SNAP

WIC      TANF      Medicaid

Housing Choice Voucher      Child Care Assistance      Other: \_\_\_\_\_

OR

Complete the Following if You Do Not Receive Public Assistance:

Number of Dependents in Household (including yourself): \_\_\_\_\_

Gross Annual Household Income: \$\_\_\_\_\_ (provide documentation with application)

**Program Summary**

<b>INCLUDED WITH \$50 VOUCHER</b>	<b>NOT INCLUDED WITH VOUCHER</b>
Pre-Surgical exam	Pre-Anesthesia screen (blood test)
Sterilization surgery (spay/neuter)	Heartworm test and preventive
DAPPL vaccination*	Additional flea treatments & preventive
Rabies vaccination*	De-Worming
Microchip identification*	Post-Operative complications
Initial flea treatment if needed	Rabies tag/registration

\*If the dog being spayed or neutered has already received one or more of these services, bring proof to the veterinary appointment.

If the examining veterinarian determines that the animal is not medically sound for surgery, CIAWC will transfer the voucher to another dog in the household or refund the cost.

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Sale date: _____, 20__	Location: _____
Has this household already received a voucher?	No Yes voucher number: _____
Public assistance: No Yes	_____
Income: No Yes	_____
Paid: Cash Money Order	amount: _____
Reviewed by: _____	
Voucher expiration date (note on voucher): _____	

## **Disclosure and Waiver**

The Central Illinois Animal Welfare Coalition (CIAWC) agrees to provide reimbursement to participating veterinarians for qualified procedures as set forth in the attached application.

Apart from providing qualified reimbursements, CIAWC will have no role in the relationship between Applicant and the participating veterinarian, and will not take part in decisions related to treatment and care of the Applicant's animal.

Veterinarians and animal hospitals participating in the Central Illinois Animal Welfare Coalition (CIAWC) Dog Spay/Neuter Voucher Program are governed and licensed by the State of Illinois and are not owned and/or operated by CIAWC.

Applicant agrees to hold harmless CIAWC, and any of its agents or representatives, for any claims, expenses (including attorneys' fees), charges, damages (including but not limited to an animal's injury or death), or causes of action that arise out of the relationship between Applicant and any veterinarian or animal hospital providing dog spay/neuter services or other veterinary treatment through this program.

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Signature of Applicant

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Applicant's Name (Please Print)

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Date