

**APPLICATION FOR SPAY/NEUTER VOUCHERS FROM THE ORANGE COUNTY SPCA  
PLEASE FILL IN ALL SECTIONS PERTAINING TO YOUR REQUEST  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**1. INFORMATION ABOUT YOU:**

Name:

Address:

City:

Zip:

Home phone:

Cell:

Email:

Name of Employer:

Phone # of employer:

Number of adults (Age 18+) in your household:

Number of minors (Age 0-17):

Number of pets in household:

Number of unspayed/uneutered pets:

Monthly Income: Combined Gross Income for all adults in household including all forms of potential income listed below (proof may be required)

- less than \$1000     \$1000-2000     \$2000-3000     \$3000-4000     \$4000+

**PLEASE CHECK ALL THAT APPLY TO YOUR HOUSEHOLD:**

- Employment Income
- Unemployment Income
- Social Security Income
- Retirement Pension
- Worker's Compensation
- Disability Income
- Child Support Income
- Food Stamps/SNAP/WIC
- Government Aid/Welfare
- Help from family and friends
- Financial aid for school
- Other Assistance - Please explain:

**2. INFORMATION ABOUT YOUR PET(S):**

How many vouchers are you requesting?    \_\_\_\_\_ Dog    \_\_\_\_\_ Cat    \_\_\_\_\_ Rabbit

Pet's Name:

Dog     Cat:  Domestic     Feral     Rabbit

Male     Female

Weight:

Breed:

Age:

How long have you had this animal?

Where did you get this animal?

Name of your pet's veterinarian:

Phone #:

**3. FINANCIAL INFORMATION:**

Have you received assistance from OCSPCA in the past? If yes, please explain.

**REQUIRED:** EXPLAIN YOUR FINANCIAL HARDSHIP. Why are you currently unable to pay for your pet's veterinary care?

How did you hear about us?

Please be aware that the OCSPCA is a local non-profit organization that is not part of a national charity. All funds come from public donations. At some time in the future, when your situation improves, can we count on you to make a donation to help another animal in need? Please note that in order to keep you aware of the OCSPCA's ongoing work with animals in need, we will add you to our email list to receive emails approximately once per month.

**Yes**    **No**

I declare under penalty of perjury that the information provided above is true and correct to the best of my knowledge, and I give the OCSPCA permission to verify any information provided.

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

Please return form:

By fax: (877) 398-3898

By mail: Orange County SPCA, PO Box 6507, Huntington Beach, CA 92615

OR: Scan and email to [info@orangecountyspca.org](mailto:info@orangecountyspca.org)

After review of this completed form, an OCSPCA representative will contact you.

Please visit our website at [orangecountyspca.org](http://orangecountyspca.org)

or call 714-964-4445 to learn more about us.