



## SPAY NEUTER JACKSON COUNTY ALABAMA

### PROGRAM INFORMATION AND FREQUENTLY ASKED QUESTIONS



The purpose of Spay Neuter Jackson County Alabama is to provide financial assistance and transport to reduce pet overpopulation, abandonment, and euthanasia. Our funding is NOT from the county, state, or federal government; the program is funded solely by donations and fundraising events. Therefore, this program is for pet owners who **could not otherwise afford** to have their pets fixed. Please feel free to share this program with other owners of non-sterilized pets.

**Please review the following information BEFORE completing the application. You may contact us online or via phone if you have any questions.**

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**Q: How do I qualify?**

**A:** You may qualify by providing proof that you are receiving assistance from one of the programs listed on the application.

**Q: What proof is required?**

**A:** You must show proof that you or someone in your household is currently (within the last three months) receiving benefits. Proof must be dated and must be returned with the completed application. Copies of benefit cards are not sufficient since they are not dated. Tax forms, government assistance documents, or pay stubs may be used. Be sure to mark through any sensitive information such as social security numbers. The information you send in will not be returned to you. If you are unsure of what proof is adequate, please contact us.

**Q: How long will it take to process the application?**

**A:** Once your fully completed application has been submitted along with proof of eligibility we will process it within five business days. Once the application is approved a voucher will be mailed to you and must be used within 45 days.

**Q: What if my application is denied?**

**A:** Incomplete applications will be automatically rejected. We will contact you to resolve the issue. If you are denied based on income eligibility you may request a variance.

**Q: What does the co-pay cover?**

**A:** The co-pay helps us cover the cost of your pet's surgery. The co-pay covers the surgery, anesthesia, and pain medication before and during the surgery if required. It also covers an overnight stay if necessary as well as a mandatory rabies vaccination (unless proof of current rabies vaccination is provided).

**Q: What does the co-pay not cover?**

**A:** The co-pay does not cover the cost of additional items that may be recommended or charged due to complications of surgery. Complications that may arise after surgery such as infection, incision repair, or prematurely removed sutures are not covered through Spay Neuter Jackson County Alabama.

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#### DIRECTIONS

Please complete the following items:

- Fill out the entire application. Be sure to list a valid phone number.
- Enclose proof of income such as tax documents, pay stubs, or government assistance documents. Mark through any sensitive information such as social security numbers.
- Mail the application to the address listed at the top of the form. Allow at least five business days for processing.
- We will mail you a voucher if you qualify. If for some reason you do not qualify we will contact you via phone.



# Spay Neuter Jackson County Alabama

PO Box 972, Scottsboro, AL 35768  
256-299-9726 | www.spayneuterjcal.org



## Spay Neuter Assistance Application and Agreement

### OWNER INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail or Alternate Phone: \_\_\_\_\_

### FINANCIAL ELIGIBILITY

#### **Please check all that apply:**

Welfare  Social Security  Disability  Medicaid  Food Assistance  Unemployed – How long? \_\_\_\_\_

Number of People in Household \_\_\_\_\_ Annual Household Income \$ \_\_\_\_\_

### PET DESCRIPTION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Species: CAT DOG Sex: FEMALE MALE Age: \_\_\_\_\_ months / years Weight: \_\_\_\_\_

Check all that apply:  In heat  Pregnant  Nursing  Healthy  Sick  Feral/Wild

Health Issues: \_\_\_\_\_ Previous Litters: YES NO If yes, how many? \_\_\_\_\_

Current Vet or Clinic: \_\_\_\_\_ Do you have proof of a current rabies vaccination? YES NO

How was your pet obtained?  Stray  Gift  Adopted  Purchased  Other: \_\_\_\_\_

**Vouchers are accepted at the following vet clinics. Please select from the following. Every effort will be taken to use your clinic of choice, but note that veterinarian assignment is left to the discretion of Spay Neuter Jackson County.**

- Rolling Pet Mobile Vet – Scottsboro
- Mountain Top Animal Clinic – Pisgah
- Mud Creek Vet Services – Stevenson

### **Certification**

I give my word, under penalty of perjury, that the information in this application is correct and complete to the best of my knowledge. Please read and initial next to each statement:

\_\_\_\_\_ I am responsible for a co-pay at the time of surgery; **\$30** for cats and **\$40** for dogs.

\_\_\_\_\_ I understand that my pet will receive a rabies vaccination if necessary.

\_\_\_\_\_ I understand that I am responsible for any additional costs that may be associated with the spay/neuter surgery that may arise before, during, or after the surgery.

\_\_\_\_\_ I understand that the voucher issued to me is only to be used for the pet listed on the voucher; vouchers are not transferrable. Failure to adhere to this requirement will prohibit me from receiving assistance from Spay Neuter Jackson County Alabama in the future.

\_\_\_\_\_ I acknowledge that I have read, understand, and agree to the program requirements.

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

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

**Return applications to Spay Neuter Jackson County Alabama, PO Box 972, Scottsboro AL 35768, or email to [scheduling@spayneuterjcal.org](mailto:scheduling@spayneuterjcal.org)**

Spay Neuter Jackson County Alabama is a 501 (c) (3) non-profit organization. Our Federal Tax ID is 81-5146607.