

LASSEN HUMANE SOCIETY
P.O. BOX 1575, SUSANVILLE, CA 96130
257-4555

**FINANCIAL ASSISTANCE SPAY/NEUTER APPLICATION
FOR LASSEN COUNTY RESIDENTS ONLY**

I N S T R U C T I O N S

1. THIS APPLICATION BECOMES A PERMANENT RECORD OF THIS TRANSACTION. THEREFORE, IT MUST BE LEGIBLE, COMPLETE, AND ACCURATE.
2. MAIL THE ENCLOSED, COMPLETED APPLICATION TO:
LASSEN HUMANE SOCIETY, PO BOX 1575, SUSANVILLE, CA 96130
3. **NOTE:**
LASSEN HUMANE SOCIETY WILL MAIL YOU A VOUCHER THAT YOU MUST TAKE WITH YOU TO THE SURGERY APPOINTMENT. VOUCHERS ARE NON-TRANSFERABLE AND MAY ONLY BE USED BY THE PET OWNER NAMED ON THIS APPLICATION. VOUCHERS MAY NOT BE DUPLICATED AND WILL NOT BE REPLACED IF LOST. ALL VOUCHERS EXPIRE DECEMBER 31, 2018.
4. UPON RECEIPT OF YOUR VOUCHER, MAKE YOUR APPOINTMENT WITH ONE OF THE FOLLOWING VETERINARY OFFICES:
 - LASSEN VETERINARY SERVICE, 472-380 THEATER RD, SUSANVILLE
257-6311
 - THOMPSON PEAK VETERINARY SERVICES, 464-780 TRINITY WAY, JANESVILLE
253-3190
 - CHESTER VETERINARY CLINIC, 299 MAIN ST., CHESTER
258-4242
 - NELSON VETERINARY SERVICES, 131 STONE AVE., CHESTER
258-7264
 - BOYD A. TAYLOR, JR., D.V.M., 45 N. WEATHERLOW ST., SUSANVILLE
257-9310
5. LASSEN HUMANE SOCIETY WILL PAY THE VETERINARY DIRECTLY IN THE AMOUNT OF \$40 FOR A CAT OR \$70 FOR A DOG.
6. YOU MUST PAY ALL COSTS ABOVE THE \$40 OR \$70 HUMANE SOCIETY SUBSIDY.
7. LIMIT: ASSISTANCE FOR FIVE ANIMALS PER HOUSEHOLD PER YEAR.
8. REQUESTS FOR MULTIPLE ANIMALS MAY BE MADE ON A SINGLE APPLICATION.

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Number _____
(Lassen Humane Society use)

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Dog/Cat Owner _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Pet's Name _____ Dog _____ Cat _____ Male _____ Female _____

Lassen Humane Society, Inc. Low Income Spay/Neuter Program provides subsidies to Lassen County pet owners who cannot afford the full cost of spay/neuter surgeries for their pets. Subsidy payments under this program are for standard spay/neuter surgeries only, and do not include immunizations, microchips, complications, etc. This subsidy program is subject to cancellation without notice.

I, THE UNDERSIGNED DOG/CAT OWNER, DO HEREBY REQUEST FINANCIAL ASSISTANCE FOR THE SPAY/NEUTER OF THE ABOVE DOG/CAT. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT MY HOUSEHOLD INCOME IS INSUFFICIENT TO PAY FOR THE FULL COST OF SURGERY FOR MY PET.

Signature _____ Date _____

Lassen Humane Society use:

Voucher sent date: _____ Amount: \$ _____ Expiration: _____