## LevebugsRescue

### **Spay & Neuter Voucher Application**

Please complete this application if you have an intact male or female dog that needs to be altered, and you have limited financial resources to pay for this on your own. We will review your application and notify you by email if your request for a spay & neuter voucher has been approved. Please note, if approved, \$25 co-pay will be required in order to activate your voucher.

Do you own or rent $\Box$ Own $\Box$ Rent Do you have a dog door? $\Box$ Yes $\Box$ No Occupation: Employer: Hours per week: Spouse Occupation: Spouse Employer: Hours per week: Total annual household income: <b>Unaltered Pet 1 Information:</b> Name: Age: Type/Breed: Sex: Weight: Where did you get your pet? Microchipped: $\Box$ Yes $\Box$ No Current on vaccines: Rabies: $\Box$ Yes $\Box$ No DHP: $\Box$ Yes $\Box$ No Do you currently have a vet? $\Box$ Yes $\Box$ No Vet contact: Please list any medical conditions your pet has: Have you had blood work done on your pet in the last year? $\Box$ Yes $\Box$ No	Name:	Phone number:		
City:       Age:         Email:	Spouse:	Phone number:		
Email:	Address:	_ State: Zip:		
Name and ages of people living in household:   How did you year about Lovebugs Rescue?   Do you live in a   House   Condo   Apartment   Mobile Home   Other   Do you own or rent   Own   Rent   Do you have a dog door?   Yes   No   Occupation:     Employer:     Hours per week:     Spouse Occupation:     Spouse Occupation:   Spouse Occupation:   Spouse Occupation:   Spouse Occupation:   Spouse Occupation:   Spouse Occupation:   Spouse Occupation:   Spouse Occupation:   Spouse Employer:   Hours per week:     Hours per week:     Name:     Microchipped:   Yes   No   Do you currently have a vet?   Yes   No   Please list any medical conditions your pet has:	City:	_ Age:		
How did you year about Lovebugs Rescue?   Do you live in a   House   Condo   Apartment   Mobile Home   Other   Do you own or rent   Own   Rent   Do you have a dog door?   Yes   No   Occupation:     Spouse Employer:   Hours per week:     Hours per week:     Spouse Employer:   Hours per week:     Spouse Employer:   Hours per week:     Spouse Employer:   Hours per week:     Name:     Microchipped:   Yes   No   Do you currently have a vet?   Yes   No   Do you currently have a vet?   Yes   No            Please list any behavioral issues your pet may have (shy, bite history, leash reactive):	Email:	_		
Do you live in a House Condo Apartment Mobile Home Other Do you own or rent Own Rent Do you have a dog door? Yes No Occupation: Employer: Hours per week: Spouse Occupation: Spouse Employer: Hours per week: Total annual household income: Unaltered Pet 1 Information: Name: Age: Type/Breed: Sex: Weight: Where did you get your pet? Microchipped: Yes No Current on vaccines: Rabies: Yes No DHP: Yes No Do you currently have a vet? Yes No Vet contact: Please list any medical conditions your pet has: Please list any behavioral issues your pet may have (shy, bite history, leash reactive): Have you had blood work done on your pet in the last year? Yes No	Name and ages of people living in household:			
Do you own or rent $\square$ Own $\square$ Rent Do you have a dog door? $\square$ Yes $\square$ No Occupation: Employer: Hours per week: Spouse Occupation: Spouse Employer: Hours per week: Total annual household income: <b>Unaltered Pet 1 Information:</b> Name: Age: Type/Breed: Sex: Weight: Where did you get your pet? Microchipped: $\square$ Yes $\square$ No Current on vaccines: Rabies: $\square$ Yes $\square$ No DHP: $\square$ Yes $\square$ No Do you currently have a vet? $\square$ Yes $\square$ No Vet contact: Please list any medical conditions your pet has: Have you had blood work done on your pet in the last year? $\square$ Yes $\square$ No	How did you year about Lovebugs Rescue?			
Do you have a dog door? Yes No Cocupation: Employer: Hours per week: Spouse Occupation: Spouse Employer: Hours per week: Total annual household income: Unaltered Pet 1 Information: Name: Age: Type/Breed: Sex: Weight: Age: Type/Breed: Sex: Weight: Mhere did you get your pet? Microchipped: Yes No Current on vaccines: Rabies: Yes No DHP: Yes No Do you currently have a vet? Please list any medical conditions your pet has: Please list any behavioral issues your pet may have (shy, bite history, leash reactive): Have you had blood work done on your pet in the last year? Yes No	Do you live in a 🛛 House 🗌 Condo	Apartment	Mobile Home	Other
Occupation:       Employer:       Hours per week:         Spouse Occupation:       Spouse Employer:       Hours per week:         Total annual household income:       Hours per week:       Hours per week:         Unaltered Pet 1 Information:       Name:       Age:       Type/Breed:         Sex:       Weight:       Where did you get your pet?       Microchipped:       Yes       No         Do you currently have a vet?       Yes       No       Vet contact:       Please list any medical conditions your pet has:       Please list any behavioral issues your pet may have (shy, bite history, leash reactive):       Have you had blood work done on your pet in the last year?       Yes       No	Do you own or rent  Own Rent			
Spouse Occupation:	Do you have a dog door? 🗌 Yes 🗌 No			
Total annual household income:Age:Type/Breed: Name:Age:Type/Breed: Sex:Weight:Where did you get your pet? Microchipped:Yes No Current on vaccines: Rabies:Yes No DHP:Yes No Do you currently have a vet?Yes No Vet contact: Please list any medical conditions your pet has: Please list any behavioral issues your pet may have (shy, bite history, leash reactive): Have you had blood work done on your pet in the last year?Yes No	Occupation:	Employer:		Hours per week:
Unaltered Pet 1 Information:         Name:	Spouse Occupation:	_ Spouse Employer:		Hours per week:
Name:       Age:       Type/Breed:         Sex:       Weight:       Where did you get your pet?         Microchipped:       Yes       No         Current on vaccines:       Rabies:       Yes         Do you currently have a vet?       Yes       No         Please list any medical conditions your pet has:	Total annual household income:			
Name:       Age:       Type/Breed:				
Sex: Weight: Where did you get your pet? Microchipped: $\Box$ Yes $\Box$ No Current on vaccines: Rabies: $\Box$ Yes $\Box$ No DHP: $\Box$ Yes $\Box$ No Do you currently have a vet? $\Box$ Yes $\Box$ No Vet contact: Please list any medical conditions your pet has: Please list any behavioral issues your pet may have (shy, bite history, leash reactive): Have you had blood work done on your pet in the last year? $\Box$ Yes $\Box$ No	Unaltered Pet 1 Information:			
Microchipped: Yes No Current on vaccines: Rabies: Yes No DHP: Yes No Do you currently have a vet? Yes No Vet contact:	Name: Age:	Type/Breed:		
Do you currently have a vet? Yes No Vet contact:	Sex: Weight: Where did you g	et your pet?		
Please list any medical conditions your pet has: Please list any behavioral issues your pet may have (shy, bite history, leash reactive): Have you had blood work done on your pet in the last year?  Yes No	Microchipped: Yes No Current on vacci	ines: Rabies: 🗌 Yes 🔲 No	DHP: Yes	No
Please list any behavioral issues your pet may have (shy, bite history, leash reactive):	Do you currently have a vet?  Yes  No	Vet contact:		
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Have you had blood work done on your pet in the last year?				
	Please list any behavioral issues your pet may ha	ave (shy, bite history, leash	reactive):	
	Have you had blood work done on your pet in the	e last vear? ∏Yes ∏No		
Dues you per have any known reactions to an estimate $\Box$ tes $\Box$ into	Does your pet have any known reactions to anes			



# LovebugsRescue

### **Unaltered Pet 2 Information:**

Name: Age: Type/Breed:				
Sex: Weight: Where did you get your pet?				
Microchipped: Yes No Current on vaccines: Rabies: Yes No DHP: Yes No				
Do you currently have a vet? Yes No Vet contact:				
Please list any medical conditions your pet has:				
Please list any behavioral issues your pet may have (shy, bite history, leash reactive):				
Have you had blood work done on your pet in the last year?  Yes  No				
Does your pet have any known reactions to anesthesia? $\Box$ Yes $\Box$ No				
Unaltered Pet 3 Information:				
Name: Age: Type/Breed:				
Sex: Weight: Where did you get your pet?				
Microchipped: Yes No Current on vaccines: Rabies: Yes No DHP: Yes No				
Do you currently have a vet? Yes No Vet contact:				
Please list any medical conditions your pet has:				
Please list any behavioral issues your pet may have (shy, bite history, leash reactive):				

Have you had blood work done on your pet in the last year? Yes No

Does your pet have any known reactions to anesthesia?  $\Box$  Yes  $\Box$  No

### **DISCLAIMER, PLEASE READ BEFORE SIGNING:**

I am aware that if approved, Lovebugs Rescue uses a third party veterinary for the procedure.

Lovebugs Rescue does not run pre-anesthesia blood work, which may provide information about any unknown health issues my pet may have. I have the option to have the vet run pre-anesthesia blood work that I will pay for.

I understand that there are risks to putting a pet under anesthesia and I will not hold Lovebug Rescue responsible if anything should happen to my pet as a result of the procedure.

I am financially responsible for a \$25 co-pay to Lovebugs Rescue to secure my voucher.

I am financially responsible for any additional vet care that I request such as blood work, vaccines, flea prevention, dental work. This will be solely at my discretion between myself and the veterinarian providing services.

By signing/typing my name in the signature line below, I acknowledge that I have read the disclaimer and agree to these terms and conditions.

Name: \_\_\_\_

Signature: \_\_\_\_

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



