



ORANGE COUNTY ANIMAL ALLIES
FERAL CAT VOUCHER APPLICATION

PLEASE FILL IN ALL SECTIONS PERTAINING TO YOUR REQUEST.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INFORMATION ABOUT YOU

Name:

Address:

City/Zip:

Preferred Phone Number:

Email:

Are you currently affiliated with a rescue group? If so, please list rescue name and in what capacity you are associated. *Please note that you will no longer be eligible to receive vouchers from the OC ANIMAL ALLIES if information is falsified or omitted.*

INFORMATION ABOUT THE COLONY

How many vouchers are you requesting?

(2 max) _____

How many cats in the colony?

How long has this colony been present?

Approximate age of cats you are requesting vouchers for:

In what city is the colony located?

What is the property type?

- Backyard/outside single-family home
- Apartment/condo complex Mobile home park
- Outside your workplace/school Other

Describe the colony location:

FINANCIAL INFORMATION

Preferred City/Hospital (if known):

How much of the vet bill are you able to pay?

(This voucher only covers an uncomplicated spay/neuter and does not cover any potential additional fees may be required for vaccinations, flea medication, pain medication, etc.)

\$ _____

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

Please explain why you are requesting assistance from OC ANIMAL ALLIES.

Have you requested assistance from other animal welfare organizations? If so, which groups and what assistance was provided?

Will you be bringing in the cat(s) yourself or do you have someone transporting for you? Please note if someone else is dropping off the cat(s) to the vet, we will need to add their name to the voucher.

Myself Someone else: _____
Full name

How did you hear about us?

Please be aware that the OC ANIMAL ALLIES is a local non-profit organization that is not part of a national charity. 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 OC ANIMAL ALLIES' 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 that the information provided above is true and correct to the best of my knowledge. I understand that the feral cat vouchers is intended **only for Trap-Neuter-Release purposes** only and will not use a feral cat voucher for a domestic pet. *I understand cats brought in with a feral cat voucher are subject to ear tipping and that I need to fill out an application for feral cat spay/neuter vouchers at least once per year to request vouchers.*

Signature: _____ Date: _____

HOW TO SUBMIT YOUR APPLICATION FORM

By fax:	(877) 398-3898
By mail:	Orange County ANIMAL ALLIES PO Box 6507, Huntington Beach, CA 92615
By email:	info@ocanimalallies.org

Once received, applications are processed within **7 – 10 business days**.

Please visit our website at ocanimalallies.org to learn more about us.