



ORANGE COUNTY ANIMAL ALLIES

DOMESTIC PET VOUCHER APPLICATION

PLEASE FILL IN ALL SECTIONS AS THEY APPLY TO YOU.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INFORMATION ABOUT YOU

Name:

Address:

City/Zip:

Preferred Phone Number:

Email:

Single or Married:

Number of Legal Dependents:

What is your MONTHLY gross income?

Please provide your MONTHLY income before taxes.

\$ _____

What is your spouse's MONTHLY gross income?

Please provide your spouse's MONTHLY income before taxes or "N/A" if single.

\$ _____

What is the source of your income? Make sure that all applicable sources are included.

- | | |
|---|---|
| <input type="checkbox"/> Employment Income | <input type="checkbox"/> Disability Income |
| <input type="checkbox"/> Unemployment Income | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Retirement Pension | <input type="checkbox"/> Rental Property Income |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Investment Income |

What is your living situation?

Please indicate if you own, rent, couch surf, etc.

Do you help pay for rent or mortgage payment?

YES NO

If applicable, what is your monthly rent or mortgage payment?

Please only provide YOUR PORTION of the payment if you split with someone else.

\$ _____

Please check any form of financial assistance you are receiving.

- | | |
|---|---|
| <input type="checkbox"/> Housing Vouchers | <input type="checkbox"/> Medi-CAL / Medi-CARE |
| <input type="checkbox"/> SNAP / EBT / WIC | <input type="checkbox"/> Financial Aid for school |
| <input type="checkbox"/> CalWorks | <input type="checkbox"/> Help from family and friends |

Explain your financial hardship. Why are you unable to pay for your pet's spay/neuter?

Are you 62 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Perfer not to answer	Are you a veteran or active member of the military? <input type="checkbox"/> YES <input type="checkbox"/> NO Thank you for your service. When and In which branch did you serve? _____
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INFORMATION ABOUT YOUR PET

How many vouchers are you requesting? (Limit 2) : _____	
PET 1	PET 2
Pet's Name: _____ Pet Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Pet's Age (specify yrs or mo): _____ Breed: _____ Pet's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Pet's Weight (in lbs): _____ Where did you get this pet? _____ _____	Pet's Name: _____ Pet Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Pet's Age (specify yrs or mo): _____ Breed: _____ Pet's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Pet's Weight (in lbs): _____ Where did you get this pet? _____ _____

Our voucher DOES NOT cover vaccinations. Is the pet(s) you are applying for current on vaccinations? Please note, some vets will require that your pet is current on vaccination prior to surgery. 1. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. <input type="checkbox"/> YES <input type="checkbox"/> NO
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There will be additional costs or a co-pay required. How much would you be able to pay out of pocket PER PET ? Vouchers typically will ONLY cover anesthesia and organ removal. \$ _____	Have you received assistance from OC Animal Allies/OCSCPA before? <input type="checkbox"/> YES <input type="checkbox"/> NO
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If you have a regular veterinarian, please list hospital name and city below. _____
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If you qualify for a voucher, will you be the one dropping your pet(s) off at the vet? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please indicate who will be dropping your pet(s) off at the vet. This person's name will be included on the voucher. Name: Relationship:
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OTHER INFORMATION	
How did you hear about us?	
<p>Do you authorize the OC Animal Allies to utilize your pet’s story to spread awareness about the organization’s cause on our social media (Facebook, Instagram, email blasts)? Please note we will ask for pictures and a short testimonial from you for our success story section.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Please be aware that the OC ANIMAL ALLIES is a local non-profit organization that is not part of a national charity. We ARE NOT affiliated with the ASPCA. 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.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are you filling out this application on behalf of someone else?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please provide your name and relationship to the applicant:</p> <p>Name and Phone: _____</p> <p>Relationship: _____</p>
<p>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 OC Animal Allies permission to verify any information provided.</p> <p>Signature: _____ Date: _____</p>	

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:	spayneuter@ocanimalallies.org

Applications received by mail will be processed within the same time frame as online applications. Applications take 7-10 business days to be processed.

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