



**PROGRAM APPLICATION**

Stopping Pet Overpopulation Together Program

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

(Required if you wish to receive your voucher by e-mail)

**Voucher Mailing Instructions**

**Please select one of the following options:**



Please send my voucher(s) to me by e-mail to the e-mail address listed above. (This option eliminates waiting time associated with the U.S. Postal Service.)

Please send my voucher(s) to me by U.S. Mail to my home address listed above.

**Pet(s) Information: (ALL pets must be owned by the Applicant)**

Name of Pet	Dog/Cat	Breed	Sex	Age	Color
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Household Information**

Number of adults and/or children in the household: \_\_\_\_\_

Total household monthly gross income (before taxes) \$ \_\_\_\_\_

**PROOF OF INCOME AND RESIDENCY IS REQUIRED AS FOLLOWS:**

- A copy of your payroll stub(s), check(s), W2 or income covering one month.
- A copy of any one of the following to prove residency at the address you listed above:
  - Pet license
  - Utility bill
  - Property Tax bill



**Important—Please read and sign**

I hereby certify that the information I have provided is truthful and correct to the best of my knowledge.

I agree to release, indemnify, and hold harmless Broward County and its officers, agents, and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions which may arise during the surgical sterilization of my pet(s).

Furthermore, Broward County will not be held liable for any additional charges related to the voucher beyond the face value of the voucher. I understand that many veterinarians require specific vaccinations prior to sterilization, and I will be responsible for compliance with these requirements.

There may be additional charges for non-routine surgery. Non-routine surgery includes a pregnant animal, animal in estrus cycle (heat), infections, undescended testicles, false pregnancy, obesity, or females that have had previous litters.

The pet owner is responsible for fees charged by the veterinarian if the pet owner requests services or treatments for any condition not related to the routine surgery covered by the voucher.

Complications during or following the surgery, due to undiagnosed conditions are the responsibility of the pet owner.

The veterinarian has discretion on whether or not he/she will sterilize the animal. If an animal is too sick or has other medical problems, the veterinarian can decline to perform the surgery.

**I hereby certify that the animal(s) which will be sterilized with the voucher(s) reside in Broward County and are owned by the undersigned Applicant.**

---

Signature

(Unsigned Applications will **not** be processed)

---

Date

## Application Mailing Instructions

You have two (2) options when submitting your Application:

### Option 1—U.S. Mail

Please mail the following three (3) items to us in a stamped envelope:

1. Your signed and completed Application
2. Your proof of income and residency
3. A self-addressed, stamped envelope

Mail these three (3) items to us at:

spot. Program  
Broward County Animal Care and Regulation  
1870 SW 39<sup>th</sup> Street  
Fort Lauderdale, FL 33315

**OR**

### Option 2 –FAX

You may fax the following items to us at 954-359-6295

1. Your signed and completed Application
2. Your proof of income and residency

## Once we receive your Application

- You will receive a letter indicating whether or not you qualify for the spot. Program.

### **If you qualify for the spot. Program:**

- You will receive your voucher by either U.S. Mail or e-mail for each pet indicated on your Application.
- You must call one of the participating veterinarians to schedule an appointment for the surgery.
- Remember to bring the voucher(s) and the \$10 co-payment per pet at the time of the surgery.
- After the surgery, Animal Care and Regulation will be notified that your pet has been vaccinated against rabies. Once we receive that information, we will send you a copy of the Rabies Certificate and your Broward County pet license.

If you have any questions, please call the spot Program Coordinator at 954-359-2231.

**THANK YOU FOR BEING A RESPONSIBLE PET OWNER!**