Hillsborough County Spay and Neuter Voucher Program Application
Get Your Pet "Fixed" for $10!*
(813) 301-PETS (7387) | HCFL.gov/Pets
440 N. Falkenburg Rd., Tampa, FL, 33619 | Open 10 a.m. - 5 p.m. Monday through Saturday
*For income-eligible residents using public assistance programs.

What is the Hillsborough County Spay & Neuter Voucher Program?

This program allows Hillsborough County residents with limited incomes to get their pets "fixed" for a copay of $10. The program includes a spay or neuter surgery, rabies vaccination, and County license tag. To use this program, you must live in Hillsborough County **AND** show proof of one of the following:

A. Participation or benefits from one of the following public assistance programs (a benefit card or letter):
   o Food Stamps
   o Hillsborough County Health Care Plan
   o Medicaid
   o Housing Choice Voucher (HCV/Section 8)
   o Supplemental Security Income (SSI)
   o TANF (Temporary Assistance for Needy Families)
   o Women, Infants & Children (WIC)

B. Low-income earnings, as defined by the Federal Poverty Income Guideline and the U.S. Department of Health and Human Services. Your income cannot be higher than 185% of the poverty level. If you are unsure if you qualify, please call (813) 301-7387.

The Truth About Spaying & Neutering

Getting your pet "fixed" will NOT make it less able to love and protect you or your family. The one-time pet surgery will help your pet stay **healthier, live longer,** and have fewer behavioral problems. Pets that are spayed or neutered:

- Cannot produce unwanted puppies or kittens
- **Are less likely to develop serious diseases, such as cancer**
- Are less likely to bite, run away, or fight with other animals
- Are often calmer and more affectionate
- Are less likely to spray and mark territory
- Tend to live longer, healthier lives overall

Frequently Asked Questions

1. **What do spay, neuter, and sterilize mean?** These words describe a surgery done by veterinarians to prevent pets from having puppies and kittens. Some people call this having your pet "fixed." Females are spayed. Males are neutered.
2. **What does the program cost?** Not only does the voucher program cover the actual spay or neuter surgery at a participating clinic or vet's office, but it also provides a County pet license tag and rabies vaccinations (if your pet does not already have it).
3. **Will there be extra fees?** The $10 co-pay should be the only payment made by the resident and collected by the veterinarian for the sterilization procedure. There may be a cost for medication after surgery.
4. **What if I have more than one dog or cat?** One approved voucher may be used for up to three dogs and cats, any combination, per calendar year (October - September.).
5. **Can I use this program if I only receive Medicare or Social Security Disability?** Yes, but only if your household isn't over 185% of the Federal Poverty Income Guidelines.
6. **What if I lose my voucher or it expires before I am able to use it?** Request a replacement by calling (813) 301-7387 and give your name and voucher number.
7. **What if my dog or cat is sick when I bring it to the clinic for surgery?** Spay/neuter surgery may be postponed if your pet is sick, pregnant, nursing, in season (heat), or has other medical conditions. The veterinarian must make that decision.
8. **How old does my pet have to be to get fixed?** Most dogs and cats can have spay/neuter surgery as early as 8 weeks old. Important: Pets can start having unwanted babies as early as 4 months of age! It is best to "fix" or get them spayed/neutered as soon as possible.

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New applications are required for additional vouchers.
For information, visit HCFL.gov/Pets or call (813) 301- PETS (7387).

Directions for applying for a spay/neuter voucher:

1. Fill and sign this application.
2. Mail or bring this application with a copy of your driver's license (or other Federal or State issued photo ID) to: Hillsborough County Pet Resource Center, 440 N. Falkenburg Rd., Tampa, FL 33619. If you are receiving benefits from any of the below listed programs, bring a copy of your benefit card or proof of public assistance. If you are not receiving benefits, bring in your previous year's tax filing form.
3. Approved applications will be issued along with a list of participating animal clinics. Use the list to choose a veterinarian and make an appointment. Do NOT bring your pet to the Pet Resource Center for surgery.
4. When bringing your pets to the clinic, bring this application with you plus a $10 copay for each animal being spayed or neutered.
5. All incomplete applications will be returned for corrections.

Name: _____   Phone: _____

Address: _____   City: _____   State: _____   Zip: _____

Please check the program(s) you receive benefits from (if any). Assistance must be in the name of the person applying.

- ☐ Food Stamps (SNAP)
- ☐ Hillsborough County Health Care Plan
- ☐ Medicaid
- ☐ Housing Choice Voucher (HCV/Section 8)
- ☐ Supplemental Security Income (SSI)
- ☐ TANF (Temporary Assistance for Needy Families)
- ☐ Women, Infants & Children (WIC)

If you do NOT receive benefits from any of the programs listed, please answer the following:

1. How many family members live in your household (including yourself)? _____
2. How did you hear about Hillsborough County's Spay/Neuter Voucher Program?
   - ☐ Family/friend
   - ☐ Social media
   - ☐ County website: HCFL.gov
   - ☐ Other (please indicate) _____

Pet Name	Sex	Age	Animal Type	Color	Breed	County Tag #
	M F		Dog Cat			
	M F		Dog Cat			
	M F		Dog Cat			

Spay/Neuter Application Agreement

Please read before signing: I agree to have my pets spayed or neutered through this program and to allow the veterinarian to give my pet(s) any necessary shots before the surgery. All of the information entered on this form is true to the best of my knowledge. I understand that getting my pet "fixed" (spayed or neutered) and vaccinated are contractual (legal) services, which Hillsborough County Pet Resources is not responsible for. I am the owner of the pet(s) listed on this application, and these animals will be registered and licensed in my name. I give Hillsborough County Pet Resources permission to contact any program where I am receiving benefits to check the information given here.

Driver's License or Florida State ID Number: _____

Date of Birth: _____   Email Address: _____

Signature: _____   Date: _____

IMPORTANT:

Remember to include a copy of your valid photo ID plus proof of benefit assistance or last year's tax filing when submitting this application.