



“No More Litters”

Spay - Neuter Vouchers to fix Dogs 25 pounds & over and Cats (pet or feral)

\$15 for Rabies Shot for Pets

*Hamilton County Animal Control
managed with Friends of Hamco Animal Shelter*

e-mail: FriendsofHamco@gmail.com

Facebook Page: Friends of Hamco Animal Shelter

Eligibility: **Reside in a Florida county:

Hamilton, Suwannee or Madison.

****Adult owners** of larger **DOGS**, 25 pounds and over, or pet **CATS** must be receiving one of the following government benefits: **SNAP Food Stamps**, **Medicaid**, or **SSI Supplemental Security Income** (SSI is an income-based benefit not regular or disability social security).

****FERAL Cat Caretakers** are exempt from government assistance requirement & rabies shots are included.

CLINIC: Spay/Neuter surgeries are performed at “South Georgia Low-Cost Spay Neuter Clinic” in Thomasville, GA.



We're grateful to Florida Animal Friend for Grant from Specialty License Plates.

Get details from **WWW.**

FloridaAnimalFriend.org

09/01/2024



Spay - Neuter VOUCHER



HOW TO APPLY: **Mail** this form with copy of proof of eligibility you selected below (card or approval letter) to:

Friends of Hamco Animal Shelter, P.O. Box 9, Jennings, FL 32053

or **SCAN & e-Mail** to: FriendsOfHamco@gmail.com

OWNER'S NAME: _____

Phone Number(s): 1) _____ - _____ - _____ 2) _____ - _____ - _____

ADDRESS: _____, _____ FL _____
Street or P.O. Box City Zip Code

E-MAIL Address: _____

CHECK ONE OF THE FOLLOWING: Enter ID NUMBER for the Government Benefit you receive. Provide copy of card or letter proving receipt of benefit which must be in the name of the Applicant, not a minor child.

NOT REQUIRED FOR FERAL CAT CARETAKER.

FOOD STAMP Program ID #: _____

MEDICAID (not Medicare) ID #: _____

SSI (Supplemental Security Income) ID #: _____
(This is NOT regular or disability from Social Security Administration)

PET INFORMATION: Check boxes that apply. Feral Cats or Pet(s).

FERAL CATS: Enter Number of Cats: _____ (if known: male ___ # female ___ #)

or

PERSONAL PET(S): *For more than 2 pets, complete a new application.*

Cat Dog NAME: _____ Est. Age: _____ Est. Weight: _____ lbs
Male or Female? _____ DOG Breed or Mix: _____

Cat Dog NAME: _____ Est. Age: _____ Est. Weight: _____ lbs
Male or Female? _____ DOG Breed or Mix: _____

DO NOT WRITE BELOW THIS LINE.

VOUCHER #: _____ **ISSUED:** _____ - _____ - _____

Valid while funds last.

APPROVED BY: _____
Signature of Approving Official

