

LIVINGSTON COUNTY PET POPULATION CONTROL PROGRAM APPLICATION

Please see the eligibility requirements listed below and complete the attached application. If you meet the eligibility requirements for the program and have furnished all the required documents, a voucher will be mailed to you to present to the veterinarian for services. Please let the clinic know when you make the appointment that you are will be using a voucher from the Livingston County Pet Population program. This fund was established by Livingston County Resolution and the Illinois Public Health & Safety Animal Population Control Act (Anna's Law).

Eligibility Requirements:

1. The dog/cat owner must be a current Livingston Co. resident with documentation furnished.
2. The dog must be **current** on **rabies vaccination** and **registration** with Livingston County Animal Control in the current owner's name, prior to the application being submitted. All cats must be **current** on **rabies vaccination**.
3. Only 2 companion animals per address per year unless prior authorization.
4. Owner must pay to the veterinarian a \$15 co-pay providing the service.
5. The procedure must be performed prior to the expiration date on the voucher.
6. Proof of adoption **OR** proof of social security disability **OR** proof participation in the SNAP program (formerly the food stamp program) is required. Proof is the date of disability and the annual notice of benefits from Social Security or a copy of the SNAP benefit statement or a copy of the adoption papers from a licensed rescue.
7. Procedure must be performed by a participating veterinarian with an agreement on file with the county. Reimbursement to the participating veterinarian includes the cost of the exam and all costs of the surgery, including pain medication, all aspects of anesthesia (including oxygen administration), waste disposal, post-operative care, hospitalization and stitch removal, if needed. If there are any complications from the procedure, treatment is at the owner's expense.

Participating Veterinarians for the Livingston County Program

Animal Wellness Center– Dr. Steven Haase

1800 E. Howard Street, Pontiac, IL Phone: 815-844-7180

Chenoa Veterinary Clinic – Dr. Susan Albright

400 Sunset, Chenoa, IL Phone: 815-945-7811

Dwight Veterinary Clinic - Dr. Angie Haag-Eggenberger

305 S. Old Route 66, Dwight, IL Phone: 815-584-2732

Fairbury Veterinary Clinic – Dr. Danielle Jackson

808 E. Oak, Hwy 24, Fairbury, IL Phone: 815-692-3112

Gibson Veterinary Clinic – Dr. Emily Tucker, Dr. Suzanne Slagel

1010 W. 8th St., Gibson City, IL Phone: 217-784-4711

Novak Brainard Veterinary Clinic – Dr. Donald Brainard

1005 N. Bloomington St., Streator, IL Phone: 815-672-9266

Please complete the applicant/consent form, attach proof for the eligibility requirements and sign the form. This application must be returned to the Livingston County Sheriff's Department at 844 W. Lincoln Pontiac, IL 61764 or Fax: 815-844-5124. For questions call: 815-842-8021.

**LIVINGSTON COUNTY APPLICANT/CONSENT FORM
PLEASE PRINT**

Owner's Name: _____

Address: _____

Please submit a copy of your driver's license as proof of residency. If the address on the license is not your current address, please submit a copy of a utility bill with your current address.

Proof of eligibility for the program: _____

Please submit a copy of your annual notice of benefits from Social Security Disability along with the date of disability or a copy of your SNAP benefit statement or a copy of the adoption papers.

Phone: _____

Email address: _____

Name of veterinarian/clinic to perform the procedure: _____

Sex of dog: _____ Approximate weight of dog: _____ Dog's name: _____

Breed of dog: _____ Rabies tag number: _____

Date of registration with Livingston County: _____

Please include a copy of the registration form in the owner's name with the current address.

If there has been a change in ownership or address please contact Livingston County Animal Control at 815-842-8021.

I hereby certify that I am the owner of the animal described above. I hereby consent to the spay/neuter procedure of the pet described above and attest that the information provided above is true and correct. By signing below I authorize Livingston County Animal Control to release information regarding my current eligibility in the above programs.

Signature of Dog Owner: _____

Date: _____