



LACO DACC SPAY & NEUTER VOUCHER PROGRAM



S/N VOUCHER INFORMATION

Eligibility

- Must be a resident of unincorporated Los Angeles County, or of participating Contract City.
 - Participating Contract Cities: Baldwin Park, Bell, Calabasas, Compton, Monterey Park, Rolling Hills, Santa Clarita, Walnut and West Hollywood.
- Must have proof of residency
 - Government-issued Photo ID (i.e.: Driver's License)
 - Utility or Service bill

SN Voucher Terms

- The SN Voucher goes toward the cost of Spay/Neuter surgery. Any amount in excess related to the cost of surgery or other needs will be the responsibility of the pet owner.
- SN Voucher Value:
 - Dog: \$100.00
 - Cat: \$ 50.00

Veterinary Providers

- Spay and Neuter services are provided by participating veterinary clinics
 - List of veterinary providers can be accessed at: <https://animalcare.lacounty.gov/spay-and-neuter/>
- Voucher holders are responsible in contacting and making appointments with the participating veterinary providers of their choice
- Veterinary providers may require co-payments and/or offer other services
- The Veterinarian-Client-Patient-Relationship (VCPR) is between the pet owner and the veterinary provider. All decisions pertaining to the care of the pet is exclusive to the established VCPR.
- Pet owners will be responsible in ensuring they get complete information esp. about associated costs and co-payment responsibilities.

How to Apply

1. By Phone: Call (562) 345-0321 Monday-Thursday, 7:00a.m. to 5:00p.m.
2. By Email: Send the completed application form with copies of eligibility documents to: SpayNeuterprogram@animalcare.lacounty.gov
3. By Fax: Send the completed application form with copies of eligibility documents to: (562)863-8052
4. By Regular Mail: Send the completed application form and copies of eligibility documents to:

LACO Department of Animal Care & Control
ATTN: SVN
12440 E. Imperial Hwy. Suite 603
Norwalk, CA 90650



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SPAY/NEUTER VOUCHER APPLICATION FORM

PET OWNER INFORMATION					
NAME:		PHONE:		CELL:	
ADDRESS:		CITY:		ZIP CODE:	
E-MAIL ADDRESS:					
PET INFORMATION (3 pet limit per household)					
NAME:	BREED:	COLOR:	AGE:	WEIGHT:	SEX: M F
NAME:	BREED:	COLOR:	AGE:	WEIGHT:	SEX: M F
NAME:	BREED:	COLOR:	AGE:	WEIGHT:	SEX: M F
PLEASE DO NOT FILL OUT, OFFICE USE ONLY					
Date Application Received:		Application: Approved <input type="checkbox"/>		Denied <input type="checkbox"/> Initials:	

Please make sure the following documents are attached to this application form:

- Valid Government-issued ID
- Utility or Service Bill



For Questions or Follow-up, please call or email us at:

Ph: (562) 345-0321

E-mail: SpayNeuterprogram@animalcare.lacounty.gov