

SPAY & NEUTER VOUCHER PROGRAM

S/N Voucher Eligibility

- Must be a resident of unincorporated Los Angeles County, or of a 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:
 - O Government-issued identification with photo, and
 - Utility or Service bill

S/N 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: \$100.00Cat: \$50.00

Veterinary Providers

- Spay and Neuter services are provided by DACC's participating veterinary providers.
 - Our provider list will be emailed to you once your application has been approved.
- Voucher holders are responsible for contacting and making s/n appointments with the participating veterinary provider 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 are exclusive to the established VCPR.
- Pet owners will be responsible for ensuring they get complete information, especially about associated costs and co-payment responsibilities.

How to Apply

- 1. By Email: Send the completed application form with copies of eligibility documents to:
 - SpayNeuterprogram@animalcare.lacounty.gov
- 2. By Fax: Send the completed application form with copies of eligibility documents to:
 - o (562) 422-3408
- 3. By Mail: Send the completed application form and copies of eligibility to:

LACO Department of Animal Care & Control

ATTN: SVNP

5898 Cherry Ave.

Long Beach, CA 90805

- For any questions and/or concerns regarding S/N Vouchers, please contact us at:
 - 0 (562) 345-0321
 - O Monday-Friday, 8:00 a.m. to 4:00 p.m.
 - Closed all State Holidays



LACO DACC 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: W	/EIGHT:	SEX: M	F
NAME:	BREED:	COLOR:	AGE: W	/EIGHT:	SEX: M	F
NAME:	BREED:	COLOR:	AGE: W	/EIGHT:	SEX: M	F
FOR OFFICE USE ONLY						
Date Application Received:		Application: App	roved D	enied 🗌	Initials:	

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

- > Valid Government-issued ID, and
- Utility or Service Bill

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

o Ph: (562) 345-0321

E-mail: SpayNeuterprogram@animalcare.lacounty.gov