FRIENDS OF SVACA
SILICON VALLEY ANIMAL CONTROL AUTHORITY

Spay & Neuter Assistance Fund Application

The Friends of SVACA Spay & Neuter Assistance Fund is designed for low-income residents of the city of Santa Clara, Campbell, Los Gatos, Mountain View, and Monte Sereno.

If your annual household income is $50,000 or less, or if you receive government assistance, our program will pay 50% of the cost of having your pet spayed or neutered.

This program is not for feral cats or animal rescue organizations.

What you need to know

- **With your application, you must include**:
  - **Proof of residency** (a copy of a current utility bill, leasing agreement or mortgage statement).
  - **Proof of eligibility**. If your income is less than $50K, please provide two consecutive pay stubs. If you receive government assistance, please provide proof of such assistance.
- **If your pet is over 7 years of age**, he or she must be pre-approved for the procedure. Please contact SVACA before submitting your application.
- **If your pet is a dog that weighs more than 80 pounds**, he or she must be pre-approved for the procedure. Please contact SVACA before submitting your application.
- **If your pet is currently not licensed**, you must purchase a license at the time of the spay/neuter procedure. (The Spay & Neuter Assistance Fund does not cover the license fee.)
- For more information about spaying/neutering (including current pricing) or to explore additional services available at SVACA, go to SVACA.com.

How the program works

1. Complete and submit the program application. Don't forget to include the proof of city residency and eligibility described above.
2. Once your application is approved, you will receive a spay/neuter voucher by email or USPS within one week.
3. Contact SVACA at (408) 764-0358 to schedule an appointment.
4. You will be scheduled to bring your pet in for the procedure by the staff at SVACA. You must present your spay/neuter voucher and photo ID at the time of surgery.
   Your spay/neuter voucher is valid for 90 days from the date of issue and can be used at SVACA only.

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Fill out this form as completely as possible. Incomplete information will delay your application. Please print clearly.

Pet Guardian Information:

Name of Guardian | Email Address | Phone Number(s)

Name of Co-Guardian (if any) | Email Address | Phone Number(s)

Street Address

City and Zip Code

How did you hear about our program?

Requesting Assistance For:

	Pet's Name	Gender	Age Yrs/Mos	Dog or Cat	Color(s) and Breed	Animal has been licensed with SVACA, or has been a guest or patient of SVACA	
1		☐ M ☐ F	/			Yes ☐	No ☐
2		☐ M ☐ F	/			Yes ☐	No ☐

If the application is for a dog, please provide the approximate weight.:

	Dog's Name	Approximate Weight
1		
2		

ASSISTANCE IS LIMITED TO TWO (2) ANIMALS PER HOUSEHOLD PER YEAR.

I understand that completing this application does not guarantee my animal will be provided a spay/neuter voucher through this program. I am the legal owner of the animal(s) and am responsible for their regular care.

Print Name **Signature** **Date**

Please mail completed application with proof of city residency and eligibility to:

Friends of SVACA
PO Box 132 Santa Clara, CA 95052-0132

Or e-mail us with your questions: contact@friendsofsvaca.org