



## VOUCHER REQUEST FORM

### SNAP Voucher Program Details:

- 🐾 To participate in this program, you **MUST** be a resident of Brown County, Ohio.
- 🐾 The voucher program is intended to serve people who are financially unable to cover the cost of spay/neuter on their own. To qualify for the program, we ask that you are currently receiving state or federal income assistance, which includes WIC, Medicaid, SSI, SNAP, SSDI, or Unemployment TANF/Ohio Works First; or make less than \$29,000/year.
- 🐾 The BCHS voucher provided to you will cover only a portion of the spay/neuter surgery cost. Pet owner is responsible for any additional expenses associated with the office visit and surgery.
- 🐾 You **MUST** make a spay/neuter appointment for your dog or cat and submit this request form at least 10 days prior to your appointment. This will provide time for processing and delivery of voucher.
- 🐾 Each voucher has an expiration date and has no cash value.
- 🐾 A separate request form should be submitted for each pet.
- 🐾 Privacy policy: All information you give to BCHS is confidential.

*\*\* For assistance with spay/neuter of stray cats in Brown County, please email [snap@bchsohio.org](mailto:snap@bchsohio.org) \*\**

To receive your voucher, complete this form entirely and submit by mail, email, or fax to:

**Mail:** BCHS  
 100 Veterans Blvd.  
 Georgetown, OH 45121

**E-mail:** [snap@bchsohio.org](mailto:snap@bchsohio.org)  
**Fax:** 937-378-2687

pet owner's name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ zip \_\_\_\_\_ county \_\_\_\_\_

phone \_\_\_\_\_ e-mail \_\_\_\_\_

type of animal: \_\_\_ cat \_\_\_ dog                      gender: \_\_\_ male \_\_\_ female

pet's name \_\_\_\_\_

appointment date \_\_\_\_\_ vet clinic \_\_\_\_\_

How would you like to receive your voucher? \_\_\_ mail \_\_\_ e-mail \_\_\_ pick up from Dog Shelter

If you have questions about Brown County SNAP, please email [snap@bchsohio.org](mailto:snap@bchsohio.org)