

SPAY/NEUTER REBATE PROGRAM

A PROGRAM TO PROVIDE REBATES TO RESIDENT DOG OR CAT OWNERS THAT HAVE STERILIZATION PERFORMED BY A LICENSED VETERINARIAN. Lincoln County will rebate county residents \$25.00 for spaying or neutering their dog or cat! Lincoln County residents must complete the following instructions to receive up to a \$25.00 rebate.

1. Any person applying for a spay-or-neuter rebate must be a resident of Lincoln County.
2. The resident may only receive a spay-or-neuter rebate for a successful operation to a dog or cat.
3. A licensed veterinarian must perform the sterilization.
4. The resident must complete the resident portion of a Spay/Neuter Rebate Certificate.
5. The veterinarian must complete the veterinarian portion of a Spay/Neuter Rebate Certificate.
6. The resident must return the completed Spay/Neuter Rebate Certificate within 30 DAYS OF SURGERY to the Lincoln County Treasurer.
7. The Lincoln County Treasurer will complete a voucher and a report of available program funds for the Lincoln County Board of Commissioner's approval.
8. The Board will only approve rebates when program funds are available.
9. The Board will not approve a rebate that exceeds the cost of sterilization.
10. If the Board approves a rebate, the Treasurer will mail a rebate check to the resident within 10 weeks.

SPAY/NEUTER REBATE CERTIFICATE

Lincoln County will rebate county residents \$25.00 for spaying or neutering their dog or cat! Lincoln County residents must complete the following instructions to receive up to a \$25.00 rebate.

PET OWNER PORTION

REMINDER: RETURN THIS COMPLETED REBATE REQUEST TO THE LINCOLN COUNTY TREASURER WITHIN 30 DAYS OF SURGERY!

Description of animal:

Breed _____ Sex _____ Age _____ Color _____

Pet's name _____

Owner's information:

Name _____

Address _____

Phone # () _____

I certify that I am a resident of Lincoln County, and that my dog or cat, described above, has been either spayed or neutered.

Signature _____

VETERINARIAN PORTION

Name _____

Clinic/Hospital _____

Address _____

Date of sterilization _____ Fee charged _____

Phone # () _____

I certify that I have performed an orchiectomy (castration) or ovariohysterectomy (spay) on the animal described above.

Signature _____