

## LIVINGSTON COUNTY PET POPULATION CONTROL PROGRAM APPLICATION

Please complete the attached application and refer to the eligibility requirements below. Please inform the veterinary clinic when scheduling your appointment that you will be using a voucher from the Livingston County Pet Population Program established by Livingston County Resolution and the Illinois Public Health Safety Animal Population Control Act (Anna's Law).

### Eligibility Requirements:

1. The owner of the dog or cat must be a current resident of Livingston County and provide proof of residency.
2. The animal must be registered with Livingston County Animal Control, current on rabies vaccinations, and registered under the name of the current owner. This needs to be completed at the time of service or before submitting this application.
3. A single companion animal per year per address.
4. The procedure must be performed prior to the voucher's expiration date.
5. You must show proof of a Social Security Disability OR that you participate in the SNAP Program. The date of disability and annual notice of benefits from Social Security or a copy of the SNAP benefit statement serve as proof.
6. A participating veterinarian with a signed agreement on file with the County must carry out the procedure. The participating veterinarian will receive \$300 for cats and \$350 for dogs in reimbursement. Owner bears all liability for expenses over the aforementioned sums. Veterinarians who are taking part must be paid in full at the time of service.

### Participating Veterinarians:

1. **Animal Wellness Center** – Dr. Steven Haase & Dr. Kim Metz  
1800 E. Howard Street, Pontiac, IL Phone: 815-844-7180
2. **Chenoa Veterinary Clinic** – Dr. Susan Albright  
400 Sunset, Chenoa, IL Phone: 815-945-7811
3. **Dwight Veterinary Clinic** – Dr. Angie Haag-Eggenberger  
305 S. Old Route 66, Dwight, IL Phone: 815-584-2732
4. **Fairbury Veterinary Clinic** – Dr. Danielle Jackson  
808 E. Oak, Hwy 24, Fairbury, IL Phone: 815-692-3112
5. **Gibson Veterinary Clinic** – Dr. Emily Tucker, Dr. Chase Rashid  
1010 W. 8<sup>th</sup> St., Gibson City, IL Phone: 217-784-4711
6. **Novak Rinker Veterinary Clinic** – Dr. Kim Novak, Dr. Caitlin Rinker & Dr. Nicole Olson  
1005 N. Bloomington St., Streator, IL Phone: 815-672-9266

**\* The value of the vouchers for vaccinations and surgery is limited to \$300 for cats and \$350 for dogs. Only five applications are approved each month. This program is dependent on availability of funds. \***

Kindly fill out the application/consent form, affix documentation proving your eligibility, and sign it. The application must be returned to the Livingston County Sheriff's Office, 844 W. Lincoln St., Pontiac, IL 61764, or by fax 815-842-8068. For inquiries, call 815-842-8021 or send an email to [animalcontrol@livingstoncountyil.gov](mailto:animalcontrol@livingstoncountyil.gov) to the Livingston County Animal Control.

**LIVINGSTON COUNTY APPLICANT/CONSENT FORM  
PLEASE PRINT**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please submit a copy of your driver's license as proof of residency. If the address on the license is not your current address, please submit a copy of a utility bill with your current address.**

Proof of eligibility for the program: \_\_\_\_\_

**Please submit a copy of your annual notice of benefits from Social Security Disability along with the date of disability or a copy of your SNAP benefit statement.**

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of veterinarian/clinic to perform the procedure: \_\_\_\_\_

Sex of dog/cat: \_\_\_\_\_ Approximate weight of dog/cat: \_\_\_\_\_

Dog's/Cat's name: \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Rabies tag number: \_\_\_\_\_

Date of registration with Livingston County: \_\_\_\_\_

**Please include a copy of the registration form in the owner's name with the current address.**

I hereby certify that I am the owner of the animal described above. I hereby consent to the spay/neuter procedure of the pet described above and attest that the information provided above is true and correct. By signing below, I authorize Livingston County Animal Control to release information regarding my current eligibility in the above programs.

Signature of Dog/Cat Owner: \_\_\_\_\_ Date: \_\_\_\_\_