



# Lake County Board of County Commissioners

## Spay/Neuter Rebate Program

### Rebate Application Form

All Spay/Neuter Rebate Program applications MUST be submitted with the following documentation. **It is important that all rebates follow the eligibility requirements stated below, which can also be viewed at [www.lakecountyfl.gov/rebate](http://www.lakecountyfl.gov/rebate).** Failure to provide all necessary documentation will result in denial of the rebate, or potential processing delays. Rebate applications and documentation can be submitted electronically by email to [PetRebate@lakecountyfl.gov](mailto:PetRebate@lakecountyfl.gov), uploaded online at [www.lakecountyfl.gov/rebate](http://www.lakecountyfl.gov/rebate), mailed by U.S. mail to: Lake County Spay/Neuter Rebate Program, P.O. Box 7800, Tavares, FL 32778-7800, or hand-delivered during normal business hours to Lake County Animal Services at 12280 County Road 448, Tavares.

- ☐ **Copy of receipt or invoice from a veterinarian stating the spay/neuter procedure was performed, cost, and payment received.**
- ☐ **Completed and signed rebate application form**
- ☐ **Proof of current Lake County residency with your name and physical address (i.e. a copy of driver's license or state ID, voter registration, or property tax bill with homestead exemption)**

#### General Information:

Name: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

*\* must be located within a Lake County municipality or within unincorporated Lake County.*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### Spay/Neuter Pet Information:

Pet Name	Date of Surgery	Licensed Veterinary Practitioner that Performed Procedure	Veterinarian's Phone No.	Type of Animal	Rebate Amount* (a maximum of \$50 per pet)
				<input type="checkbox"/> Cat <input type="checkbox"/> Dog	
				<input type="checkbox"/> Cat <input type="checkbox"/> Dog	
				<input type="checkbox"/> Cat <input type="checkbox"/> Dog	
				<input type="checkbox"/> Cat <input type="checkbox"/> Dog	

Total eligible rebate for all pets listed above: \_\_\_\_\_

#### Eligibility Guidelines:

- In order to be eligible for rebates, the applicant must be a full-time resident of Lake County and listed on the invoice/receipt.
- Organizations are not eligible for rebates.
- Limited to 12 pets per household per fiscal year (October 1<sup>st</sup> through September 30th).
- The Lake County Spay/Neuter Rebate Program is a funding-limited program that issues rebates on a first-come, first-served basis. Rebates will be issued to eligible applicants while funding lasts.
- All rebate-eligible spay/neuter procedures are required to be performed by a licensed veterinary practitioner.
- Incomplete applications or lack of required documentation will result in denial of rebate.
- Applicant name and address must be consistent across all documents.
- Rebate application forms must be post-marked or delivered within 60 calendar days of the spay/neuter procedure.
- Only spay/neuter procedures performed on feline/canines are eligible.
- Rebates will be issued up to a \$50 maximum per animal. \*Only the cost of the spay/neuter procedure is eligible for the rebate.
- Rebates will not be issued for pre-paid veterinary packages where the cost and payment of the sterilization is not documented.

#### Applicant Affirmation:

I, \_\_\_\_\_ certify that I am the pet owner and a full-time resident of Lake County and that the above surgical procedure(s) were completed on the pet(s) listed above, and that all of the information provided on this application is accurate. I have read and fully understand the eligibility guidelines and have included all of the necessary information and documentation required to process this rebate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Assignment of Rebate to Veterinary Office

I, \_\_\_\_\_ hereby assign this rebate to \_\_\_\_\_ (Animal Clinic or Veterinary Office) and relinquish any and all claims. The assigned clinic or office may submit this form and all required documents for rebate(s).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Lake County Animal Services Staff Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_

Total Eligible Rebate: \_\_\_\_\_