



### **LOVE SPAY Voucher Program**

- VMC will provide a voucher for a laparoscopic ovariectomy for \$200 cost to client once monthly
  - Procedure is normally \$1000-\$1300 dollars normally
  - Includes e-collar and medication to go home
  - All AAHA anesthesia protocols will be followed:
    - Full blood work ran prior to procedure
    - IV Catheter and fluid therapy throughout procedure
    - State of the Art monitoring throughout procedure
- To qualify, must be applied for and pre-approved prior to scheduling procedure. This procedure is done on certain days of the week and has a requirement of a 7:30 a.m. drop off. This must be adhered to if the voucher is given to you.
- If blood work shows any abnormalities that prevent us from safely completing the procedure, all treatment for that abnormality will be under the owner going forward and the voucher will be given to someone else.
- Any surgical complications that occur postoperatively are at the cost of the owner.
- Pregnant patients are not eligible for this program.

### **APPLICATION PROCESS**

- Fill out form and submit immediately to [veterinarymedicalcharities@gmail.com](mailto:veterinarymedicalcharities@gmail.com)
- Attach proof with your email of poverty income guidelines OR your participation in a government assistance program.
- Response time may vary but once approved, you will receive an email with your scheduled date for surgery if approved/when approved.
- Surgery is done at Wasatch Hollow Animal Hospital located at 4300 Harrison Blvd. Suite 5 in Ogden, UT 84403
- These vouchers are approved at a first come/first served basis and all those waiting will be scheduled for the following month/appointment slot. If your pet is unable to wait for a spay appointment, this voucher program may not be the best option for your pet.

## Low-Income Laparoscopic Ovariectomy Voucher Application

### CLIENT INFORMATION

First and Last Name: \_\_\_\_\_

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

City/Zip \_\_\_\_\_

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

Secondary Number: \_\_\_\_\_

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

Additional Contacts: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Military or Law Enforcement: \_\_\_\_\_

### PATIENT INFORMATION

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

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies or Current Medications: \_\_\_\_\_

Previous Veterinary Clinics: \_\_\_\_\_

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*I have read and understand the above and certify I am eligible to apply for this program.*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_