



Florence Unash Neuter Program
SUBSIDY APPLICATION

The Florence Unash Program, jointly administered by the Johnson County Humane Society (JCHS) and the Iowa City Animal Care and Adoption Center (ICAC), Iowa City, Iowa, subsidizes the cost of neutering dogs and cats owned by residents of Johnson County who cannot reasonably afford to

pay for this procedure. Subsidy funds are made available through the Cedar Valley Humane Society (CVHS), Cedar Rapids, Iowa. Please read the following before completing and signing the subsidy application form. This application must be completed and signed by you (the applicant) or by a duly authorized representative of JCHS when required information is accepted by telephone. (If your application is accepted by telephone, however, no Unash funds will be disbursed unless and until you sign the subsidy application form.) The information you provide will be held in confidence by the JCHS, ICAC, and CVHS. The CVHS, as administrator of the Florence Unash Neuter Program, may verify compliance with the terms and conditions of the program.

APPLICANT _____ AGE OVER 18? _____ PHONE _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOG(S) _____ CAT(S) _____ NAME(S) _____ SEX _____ AGE _____ WEIGHT _____

NUMBER OF PERSONS IN HOUSEHOLD RELYING ON YOUR SUPPORT _____

MONTHLY FAMILY INCOME FROM ALL SOURCES _____

AVERAGE MONTHLY LIVING EXPENSES _____

OTHER PETS ALREADY SPAYED/NEUTERED?/NUMBER? _____ CAT COLONY? _____

CURRENT EMPLOYER _____ CURRENT VETERINARIAN _____

SPECIAL CIRCUMSTANCES? _____

READ AND SIGN THE FOLLOWING AGREEMENT

- I am a resident of Johnson County, Iowa
- I cannot reasonably afford to have my pet neutered
- I have freely decided to have my pet neutered and declare JCHS, ICAC, and CVHS to be exempt from all responsibility and liability for all pre-operative and post-operative complication, should they occur.
- I have freely selected the veterinarian to whom I will take my pet to be neutered.
- I understand the Florence Unash Neuter Program does not pay for elective surgery including, but not limited to, declawing, ear cropping, and/or tail docking.
- I agree to pay for all pre-operative and post-operative treatment and all required vaccinations.
- I have sufficient assets to and do adequately care for and feed my pet.
- I have read (or been read) this application in its entirety.
- I understand, agree to, and will comply with all terms and conditions of the Florence Unash Neuter Program.

All information I have provided to the Florence Unash Neuter Program, including details about my income and expenses, is true and correct.

Signature _____

Date _____

Return completed form to:
JCHS
P.O. Box 2775
Iowa City, IA 52244-2775

PLEASE WAIT UNTIL YOU ARE CONTACTED BY JCHS before going to your vet.

Office Use Only: Signature of JCHS agent _____
 Expiration Date _____ Amount/Percentage/Notes _____
 Referring Veterinarian, JCHS member, or agency _____