

Purpose:

Our mission at **All Dogs Thrive** is to reduce unnecessary euthanasia and help every dog live a happy, healthy, and loved life. Our Spay & Neuter Voucher Program supports pet owners who need a helping hand by covering part or all of the cost of their pet's procedure through participating veterinary clinics

Please send application and supporting documents to AllDogsThrive@gmail.com

SECTION 1: Applicant Information

| Full Name: | |
|---|---|
| Email Address: | _ |
| Phone Number: | _ |
| Home Address: | |
| County of Residence: | |
| How did you hear about All Dogs Thrive? | |
| | |
| | |
| | |
| | |
| SECTION 2: Dog Information | |
| Dog's Name: | |
| Breed (or best guess): | |
| Age: | |
| Gender: ☐ Male ☐ Female ☐ Unknown | |
| Preferred Participating Vet (if known): | |



SECTION 3: Your Dog's Story

Please attach a clear photo of your dog to this application.

| Tell us your dog's story — where they came from, how they joined your family, and what makes them special: |
|--|
| |
| SECTION 4: Program Eligibility & Financial Need |
| To qualify for the All Dogs Thrive Spay & Neuter Voucher Program, please include all of the following in the email along with your application: |
| □ A copy of your valid photo ID □ Proof of residence showing you live in Shasta County or Tehama County (Examples: utility bill, lease agreement, or mail with your name and address) □ Proof of low income or financial need [\$35,000/year or lower] (Examples: pay stub, EBT card, Medi-Cal card, unemployment benefits letter, or short written explanation) |
| Why are you requesting a spay/neuter voucher? |
| |
| |
| Are you able to contribute \$100 toward the cost of the procedure, or do you need full assistance? |
| ☐ Yes, I am able to contribute \$100 toward the cost☐ No, I need full assistance |



SECTION 5: Consent to Share Your Dog's Story

By applying for this voucher, you agree to allow **All Dogs Thrive** to **share your dog's story and photo** on social media or our website to help us spread awareness on the importance of spaying/neutering and help us support our mission! This helps inspire others and is a **required part of the application approval process**.

Signature / Acknowledgment

By signing below, I confirm that all information provided is accurate and I consent to the program terms.

| Signature: | Date: | |
|------------|-----------|--|
| <u> </u> | | |

Review & Approval

Once your application is received:

- Our team will review it within 5–7 business days.
- If approved, you'll receive a **voucher code and instructions** on how to schedule your appointment with a participating vet.
- If you do **not** hear back from us within that time, your application was not approved at this time.

You're welcome to reapply during our next round of voucher openings!

Thank you for helping every dog thrive. 🐶