



**Katie's Heart
Animal Services, Inc**

Spay / Neuter Voucher Application

Please complete all sections. Incomplete applications may delay approval.

Applicant Information

Full Name: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Animal Information *(are only accepting cats)*

*(Please list **each animal** separately. Attach additional pages if needed.)*

Animal #1

- **Animal Name (if applicable):** _____
- **Breed (if known):** _____
- **Color/Markings:** _____
- **Sex:** Male Female
- **Temperament:** Tame Feral
- **TNR (Trap-Neuter-Return):** Yes No



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Animal #2

- **Animal Name (if applicable):** _____
- **Breed (if known):** _____
- **Color/Markings:** _____
- **Sex:** Male Female
- **Temperament:** Tame Feral
- **TNR (Trap-Neuter-Return):** Yes No

Animal #3

- **Animal Name (if applicable):** _____
- **Breed (if known):** _____
- **Color/Markings:** _____
- **Sex:** Male Female
- **Temperament:** Tame Feral
- **TNR (Trap-Neuter-Return):** Yes No

(Attach more pages as needed.)

Income Qualification

Katie's Heart Animal Services offers spay/neuter vouchers based on financial need.
Please check ONE eligibility basis:

Option A — Federal Poverty Level (FPL) Eligibility

Your household qualifies if your **annual income** is at or **below 150% of the 2025 FPL** for your household size: [WVU Medicine](#)



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Household Size 150% of 2025 FPL (\$)

1	23,475
2	31,725
3	39,975
4	48,225
5	56,475
6	64,725

I certify that my household income is at or below the above limit.

Option B — HUD Very Low Income (50% of Area Median)

Your household qualifies if your **annual income** is at or **below the HUD Very Low Income limits (50% AMI)** for Mercer County: [HUD User](#)

Household Size 50% AMI Mercer County (\$)

1	25,200
2	28,800
3	32,400
4	36,000
5	38,900
6	41,800
7	44,650
8	47,550

I certify that my household income is at or below the above limit.

Total Household Annual Income: \$ _____

Number of People in Household: _____

Proof of income (pay stubs, tax return, or benefit letter) may be requested.



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Acknowledgements & Agreement

By signing below, I understand and agree that:

- Vouchers are **not guaranteed** and are subject to available funding
- The voucher must be used with an **approved veterinary clinic and you must pay a \$25 nonrefundable deposit that will go toward the cost of services.**
- Missed appointments may result in **loss of voucher eligibility**
- Katie's Heart Animal Services is not responsible for additional veterinary costs beyond the voucher amount

Applicant Signature: _____

Date: _____

For Rescue Use Only

- Voucher Approved: Yes No
 - Voucher Number: _____
 - Approved Clinic: _____
 - Approval Date: _____
 - Notes: _____
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Katie's Heart Animal Services uses federally recognized income guidelines to ensure fair and transparent eligibility for spay/neuter assistance. Assistance is provided based on funding availability and demonstrated financial need.

At this time, to maximize grant money to assist more animals, animals will be transported to Charleston, WV by a volunteer from Katies Heart on scheduled days to the Fix Em' Clinic. You will have to meet at a designated area to drop your animal off, usually 6:00 am. Your animal will be returned that same evening. You can also opt to drive and pick up your own animal to the clinic on your scheduled day. A no show will forfeit your voucher and deposit.