

# Feral Fix Voucher Application

No More Homeless Pets in Utah  
324 S. 400 W. Suite C, Salt Lake City, UT 84101



The FERAL FIX program is for feral cats only. Feral cats are un-owned, free-roaming cats, often referred to as “wild cats” or “stray cats.” The Feral Fix program issues vouchers that allow feral cats to be fixed at a very discounted rate (\$35.00 or less.) The vouchers are issued to feral cat caregivers who are conducting **Trap, Neuter, Return (TNR)**. Certain restrictions apply. Fill this application out completely for the Feral Fix program.

No More Homeless Pets in Utah also offers a FREE FIX program for pet dogs and cats. The program’s funds are limited so we ask that voucher(s) be used only to sterilize dogs and cats whose guardians cannot afford the surgery otherwise. Your Free Fix application requires proof of membership (copy) of your membership in one of the following: Medicaid, CHIP, Food Stamps, WIC, SSD, Major VA Disability, Section 8 (HUD) or a copy of last year’s tax return indicating household income not exceeding 200% of federal poverty level guidelines. **If you qualify for the Free Fix program and would like an application, call 801-364-0370 X 18 or download your own application at [www.UtahPets.org](http://www.UtahPets.org).**

**Please read the following important program information and initial each line to indicate you agree to the terms:**

- Each voucher will have an expiration date based on the date of issue and there are specific veterinarians who will accept Feral Fix vouchers – they are indicated on the voucher.
- All feral cats must be brought to a participating veterinarian in a humane cat trap (NOT A PET CARRIER.) Traps are available for rent from NMHPU or your local humane society or animal control (for a deposit.)
- All cats will have a small portion of one ear removed during surgery. Ear-tipping is completely painless and is necessary to identify a sterilized cat.
- Cats do not qualify for the Feral Fix program if they are being placed into a home as a pet.
- Each animal requires its own Feral Fix voucher.

**INSTRUCTIONS:** ANSWER ALL QUESTIONS COMPLETELY. PLEASE PRINT CLEARLY. Send (a) application and (b) self-addressed, stamped envelope to the address above. Questions? Call 801-364-0370 X 18, email [Amanda@UtahPets.org](mailto:Amanda@UtahPets.org) or visit [www.utahpets.org](http://www.utahpets.org).

1. HOW MANY FERAL CATS DO YOU NEED VOUCHERS FOR? \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
First & Last name Daytime Phone Number Your Age\*

\_\_\_\_\_ City Zip Code  
Mailing Address

\_\_\_\_\_ Email address (Would you also like to receive NMHPU e-newsletter?  Yes  No)  
County

3. How many dependents do you have?\* 1 2 3 4 5 6 more than 6

4. What is your annual household income?\*

less than \$10,000  \$10,000-\$25,000  \$25,000-\$40,000  more than \$40,000

5. Where did you get this application?\*

Vet Hospital  Animal Shelter  Animal Rescue Organization  NMHPU  Specify, if other: \_\_\_\_\_

6. Do you own a car?\*  Yes  No

7. Utah Driver’s License Number: \_\_\_\_\_

8. Sign your application (unsigned applications cannot be honored) I hereby certify that the above information is true and correct.

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

¥ Some restrictions apply. There is no guarantee of service. \* For demographic purposes only. Required on Free Fix applications.

(Office use only) Voucher numbers and expiration dates: \_\_\_\_\_

(Office use only) co-payment amount: \_\_\_\_\_

# **Do you have a veterinarian you would like to use or that you think might want to participate in our Feral Fix program?**

## **Let me know!**

I need their complete contact information (PLEASE PRINT):

Clinic Name \_\_\_\_\_

Veterinarian Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

\_\_\_\_\_

Clinic Phone \_\_\_\_\_

Clinic Fax \_\_\_\_\_

Your experience with this clinic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic Name \_\_\_\_\_

Veterinarian Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

\_\_\_\_\_

Clinic Phone \_\_\_\_\_

Clinic Fax \_\_\_\_\_

Your experience with this clinic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_