



Public Health
Prevent. Promote. Protect.

Victoria County Public Health Department

Animal Control Division

122 Perimeter, Victoria, Texas 77905

Phone (361) 578-3564

Fax (361) 578-6841

**Eligibility Criteria Form for Spay/Neuter Service
for Low Income Residents of Victoria County**

Name	Telephone Number	Date of Birth	Age (Must be 21)
Mailing Address (Street or P.O. Box)	City	State	Zip
Home Address, if different from above			

Check below if you, or anyone in your household, receive any of the following governmental benefits (written proof required)

- | | |
|--|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> Women's Health Program |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Children's Health Insurance Program |
| <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Primary Health Care |
| <input type="checkbox"/> Children with Special Health Care Needs | <input type="checkbox"/> Maternal & Child Health Care |
| <input type="checkbox"/> Victoria County Indigent Health Care Program | <input type="checkbox"/> None |

The statement I have made, including my answers to all questions, are true and correct to the best of my knowledge and belief. I agree to give Animal Control Division staff any information necessary to prove statements about my eligibility. I understand that giving false information could result in disqualification and repayment.

Signature - Applicant	Date

Applicant's Eligibility Determination

- Receiving Governmental Benefits**
List verified benefit here: _____
- Qualified for Spay/Neuter Service (Receives Governmental Benefits)**
- Not Qualified for Spay/Neuter Service (No Governmental Benefits)**

Signature of Animal Control Staff Verifying Eligibility	Date

Otro lado para español →



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Eligibility Criteria Form for Spay/Neuter Service for Low Income Residents of Victoria County

Nombre	Número de teléfono	Fecha de nacimiento	Años (Debe ser 21)
Dirección de envío (Calle or P.O. Box)	Ciudad	Estado	Zip
Dirección de casa , si es diferente de arriba			

Marque a continuación si usted o alguien en su hogar recibe alguno de los siguientes beneficios gubernamentales (prueba escrita requerida)

- | | |
|---|--|
| <input type="checkbox"/> Temporary Assistance for Needy Families
<input type="checkbox"/> Social Security
<input type="checkbox"/> Unemployment
<input type="checkbox"/> Veterans Administration
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Children with Special Health Care Needs
<input type="checkbox"/> Victoria County Indigent Health Care Program | <input type="checkbox"/> Women's Health Program
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Children's Health Insurance Program
<input type="checkbox"/> Women, Infants, and Children (WIC)
<input type="checkbox"/> Primary Health Care
<input type="checkbox"/> Maternal & Child Health Care
<input type="checkbox"/> None |
|---|--|

Las declaraciones que he hecho, incluidas mis respuestas a todas las preguntas, son verdaderas y correctas a mi leal saber y entender. Estoy de acuerdo en dar al personal de la División de Control de Animales toda la información necesaria para probar declaraciones sobre mi elegibilidad. Entiendo que dar información falsa podría resultar en la descalificación y el reembolso.

Firma - Solicitante	Fecha

Applicant's Eligibility Determination

- Receiving Governmental Benefits**
List verified benefit here: _____
- Qualified for Spay/Neuter Service (Receives Governmental Benefits)**
- Not Qualified for Spay/Neuter Service (No Governmental Benefits)**

Signature of Animal Control Staff Verifying Eligibility	Date