

**APPLICATION FOR FERAL CAT SPAY/NEUTER VOUCHERS FROM THE ORANGE COUNTY SPCA**  
**PLEASE FILL IN ALL SECTIONS PERTAINING TO YOUR REQUEST**  
**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**1. INFORMATION ABOUT YOU:**

Name:

Address:

City:

Zip:

Home phone:

Cell:

Email:

Are you currently affiliated with a rescue group? If so, please list rescue name and in what capacity you are associated. *Please note that you will no longer be eligible to receive vouchers from the OCSPCA if information is falsified or omitted.*

**2. INFORMATION ABOUT COLONY:**

How many vouchers are you requesting? (2 max)

How many cats in the colony?

How long has this colony been present?

Approximate age of cats you are requesting vouchers for:

In what city is the colony located?

What is the property type?  Backyard/outside single-family home  Apartment/condo complex  Mobile home park  Outside your workplace/school  Other

Describe the colony location:

**3. FINANCIAL INFORMATION:**

Preferred City/Hospital (if known):

How much of the vet bill are you able to pay? *(Potential additional fees may be required for vaccinations, flea medication, pain medication, etc)*

Have you received assistance from OCSPCA in the past? If yes, please explain.

Please explain why you are requesting assistance from the OCSPCA.

Have you requested assistance from other animal welfare organizations? If so, which groups and what assistance was provided?

How did you hear about us?

Please be aware that the OCSPCA is a local non-profit organization that is not part of a national charity. All funds come from public donations. At some time in the future, when your situation improves, can we count on you to make a donation to help another animal in need? Please note that in order to keep you aware of the OCSPCA's ongoing work with animals in need, we will add you to our email list to receive emails approximately once per month.

**Yes**  **No**

I declare under penalty of perjury that the information provided above is true and correct to the best of my knowledge, and I give the OCSPCA permission to verify any information provided.

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

Please return form:

By fax: (877) 398-3898

By mail: Orange County SPCA, PO Box 6507, Huntington Beach, CA 92615

OR: Scan and email to [info@orangecountyspca.org](mailto:info@orangecountyspca.org)

After review of this completed form, an OCSPCA representative will contact you.

Please visit our website at [orangecountyspca.org](http://orangecountyspca.org)

or call 714-964-4445 to learn more about us.