LIVINGSTON COUNTY PET POPULATION CONTROL PROGRAM APPLICATION

Please see the eligibility requirements listed below and complete the attached application. If you meet the eligibility requirements for the program and have furnished all the required documents, a voucher will be mailed to you to present to the veterinarian for services. Please let the clinic know when you make the appointment that you are will be using a voucher from the Livingston County Pet Population program. This fund was established by Livingston County Resolution and the Illinois Public Health & Safety Animal Population Control Act (Anna’s Law).

Eligibility Requirements:

1. The dog owner must be a current Livingston County resident with documentation furnished.
2. The dog must be current on vaccination and registration with Livingston County Animal Control in the current owner’s name, prior to the application being submitted.
3. Owner must pay to the veterinarian a $15 co-pay providing the service.
4. The procedure must be performed prior to the expiration date on the voucher.
5. Proof of adoption OR proof of social security disability OR proof participation in the SNAP program (formerly the food stamp program) is required. Proof is the date of disability and the annual notice of benefits from Social Security or a copy of the SNAP benefit statement or a copy of the adoption papers.
6. Procedure must be performed by a participating veterinarian with an agreement on file with the county. Reimbursement to the participating veterinarian includes the cost of the exam and all costs of the surgery, including pain medication, all aspects of anesthesia (including oxygen administration), waste disposal, post-operative care, hospitalization and stitch removal, if needed. If there are any complications from the procedure, treatment is at the owner’s expense.

Participating Veterinarians for the Livingston County Program

Animal Wellness Center (Pontiac Veterinary Clinic) – Dr. Steven Haase
1800 E. Howard Street, Pontiac, IL Phone: 815-844-7180

Chenoa Veterinary Clinic – Dr. Susan Albright
400 Sunset, Chenoa, IL Phone: 815-945-7811

Dwight Veterinary Clinic
Dr. Louis Cronin, Dr. Larry Johnson, Dr. Angie Haag-Eggenberger
305 S. Old Route 66, Dwight, IL Phone: 815-584-2732

Eastside Veterinary Clinic – Dr. Danielle Jackson
808 E. Oak, Hwy 24, Fairbury, IL Phone: 815-692-2778

Gibson Veterinary Clinic – Dr. Emily Tucker, Dr. Suzanne Slagel
1010 W. 8th St., Gibson City, IL Phone: 217-784-4711

Novak Brainard Veterinary Clinic – Dr. Donald Brainard
1005 N. Bloomington St., Streator, IL Phone: 815-672-9266

Whitman Veterinary Clinic PC – Dr. Alan Whitman
115 S. Pine St. Piper City, IL Phone: 815-686-2200
Please complete the applicant/consent form, attach proof for the eligibility requirements and sign the form. This application must be returned to the Livingston County Health Department at P. O. Box 650, 310 E. Torrance Ave. Pontiac, IL 61764 or Fax: 815-842-1063.

LIVINGSTON COUNTY APPLICANT/CONSENT FORM
PLEASE PRINT

Owner’s Name:__________________________________________________________

Address:_________________________________________________________________

Please submit a copy of your driver’s license as proof of residency. If the address on the license is not your current address, please submit a copy of a utility bill with your current address.

Proof of eligibility for the program:
Please submit a copy of your annual notice of benefits from Social Security Disability along with the date of disability or a copy of your SNAP benefit statement or a copy of the adoption papers.

Phone:_________________________________________________________________

Email address:_________________________________________________________________

Name of dog:_________________________________________________________________

Sex of dog:__________ Approximate weight of dog:__________________________

Breed of dog:________________________ Rabies tag number:__________

Date of registration with the LivCo:_________________________________________
Please include a copy of the registration form in the owner’s name with the current address.

If there has been a change in ownership or address please contact Livingston County Animal Control at 23080 E. 900 North Road, Fairbury, IL 61739 or call 815-692-6920.

I hereby certify that I am the owner of the animal described above. I hereby consent to the spay/neuter procedure of the pet described above and attest that the information provided above is true and correct. By signing below I authorize Livingston County Health Department and LivCo to release information regarding my current eligibility in the above programs.

Signature of Dog Owner:_________________________________________________________________

Date:_________________________________________________________________