



St. Tammany Parish

Department of Animal Services

P. O. Box 628

Covington, LA 70434

Phone: (985) 882-4454 Fax: (985) 882-4465

Kevin Davis

Parish President

St. Tammany Parish Prevent Another Litter Grant Guidelines

All citizens of St. Tammany Parish are eligible for spay/neuter assistance.

Program 1

Citizens of St. Tammany Parish that currently receive WIC, Food Stamps, Medicaid or Social Security Income are eligible to receive a voucher valued at up to \$150.00 to have their animals spayed or neutered. Proof of eligibility, St. Tammany Parish residency and a \$20.00 co-pay per animal must be submitted with your application.

Program 2

Citizens meeting the following income requirements are eligible to receive a voucher redeemable at St. Tammany Humane Society.

Monthly Income Eligibility Standards

Household Size	Maximum Net Monthly Income
1	\$1,745.00
2	\$1,991.00
3	\$2,241.00
4	\$2,491.00
5	\$2,691.00
6	\$2,891.00
7	\$3,091.00
8	\$3,287.00
Each additional member	\$ 200.00

Citizen co-pays for spay/neuter services at St. Tammany Humane Society is based on the weight and sex of the animal and are as follows:

Females:

0-45lbs \$29.00

46-85lbs \$33.00

86+lbs \$35.00

Males:

0-45lbs \$25.00

46-85lbs \$28.00

86+lbs \$29.00

Citizens applying for Program 2 must provide proof of income and St. Tammany Parish residency with their application. Co-pays are to be paid to the St. Tammany Humane Society on the morning of the surgery.

Program 3

Program 3 applicants must provide proof of St. Tammany Parish residency with their application. St. Tammany Parish Department of Animal Services will issue a coupon valued at \$56.00 per animal for spay/neuter.



**St. Tammany Parish
Department of Animal Services
Prevent Another Litter Program
31078 Hwy 36
Lacombe, LA 70445
(985) 882-4454**

Applicant Information:

Name: _____

Address _____

Mailing address (if different): _____

Telephone number: _____

Animal Information:

Limit of 4 per household!

Name of pet: _____ Breed: _____ Weight _____ Age _____

Type of pet :(check one) Female cat ___ male cat ___ female dog ___ male dog ___

Name of pet: _____ Breed: _____ Weight _____ Age _____

Type of pet :(check one) Female cat ___ male cat ___ female dog ___ male dog ___

Name of pet: _____ Breed: _____ Weight _____ Age _____

Type of pet :(check one) Female cat ___ male cat ___ female dog ___ male dog ___

Name of pet: _____ Breed: _____ Weight _____ Age _____

Type of pet :(check one) Female cat ___ male cat ___ female dog ___ male dog ___

Number of additional pets in household not spayed/neutered: _____

Which program are you applying for? (Please check one) Program 1 ___ Program 2 ___ Program 3 ___

Applicant Signature: _____ Date: _____

For Office use only:

Eligibility _____ Income _____ Residency _____

Date Issued: _____ Program: 1 2 3 Voucher or coupon number: _____ by: _____

Expiration: _____

Comments: _____