



Frederick County Humane Society, Inc.  
 P.O. Box 3185, Frederick, MD 21705-3185  
 Phone: 301-694-8300 Fax 301-694-8305

## Pet Overpopulation Prevention Program (POP) Guidelines

The Frederick County Humane Society has partnered with local participating veterinarians to offer spay/neuter services at a reduced fee to low-income Frederick County residents who qualify. Each household is permitted to process two pets through the program each year.

### Do I qualify for the program?

To qualify for the program you **must** be a **Frederick County** resident whose Total Annual Household Gross Income is within the Eligibility Guidelines. "Total Annual Household Income" includes income from all household members and sources. "Maximum Household Income" is determined by the number of household members:

Size of Household unit	Max Annual Gross Income	Size of Household unit	Max Annual Gross Income
1	\$26,000	5	\$61,000
2	\$35,000	6	\$70,000
3	\$43,000	7	\$79,000
4	\$52,000	8	\$88,000

### **Options for proof of income:**

<input type="checkbox"/> Most current income tax forms <input type="checkbox"/> <b>Current</b> W-2 forms for your family <input type="checkbox"/> Recent pay stubs <input type="checkbox"/> Section 8 eligible <input type="checkbox"/> Food stamps eligible	<input type="checkbox"/> VA or Social Security Disability <input type="checkbox"/> WIC eligible <input type="checkbox"/> MD Energy Assistance <input type="checkbox"/> County Social Services Benefits <input type="checkbox"/> Other: _____
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### **If you qualify for the program you pay FCHS \$30 for the voucher.**

**\*\*\*\*\*IMPORTANT! PLEASE NOTE: You must check with your selected Vet for ALL additional charges and restrictions.**

**Additional costs could include, but are NOT limited to: Updated vaccinations (Distemper, etc.), pain medication, charges for pets over a certain weight and age, Females in heat, or Males with retained testicles and Pre-surgical testing.**

### **What's the process? Application Instructions:**

Check list:

- Completed application.
  - Proof of income
  - Payment cash, money order or credit card
- No personal checks please.**

Mail to: FCHS / POP Program, P.O. Box 3185, Frederick, Maryland 21705-3185 or

Visit FCHS, 1786 N Market ST, Frederick, MD 21701, Monday thru Friday 9am to 4pm or Saturday 9am to 1pm,

## Participating Veterinary Practices

ALL OF OUR VETS HAVE SOME ADDITIONAL CHARGES. PLEASE CHECK WITH THE PRACTICE FOR DETAILS.

### BUCKEYSTOWN

Buckeystown Vet Center  
(301) 698-9930

### EMMITSBURG

Emmitsburg Vet. Hospital  
(301) 447-6237

*Current clients only  
Restrictions apply,  
contact practice for details*

### FREDERICK

Frederick Vet Center  
(301) 694-8015

*Restrictions apply,  
contact practice for details*

McClellan Vet Clinic, P.A.  
(301) 663-6531

Old Farm Vet  
(301) 846-9988

*Restrictions apply,  
contact practice for details*

Prospect Vet Clinic  
(301) 695-1050

*(No dogs over 45 lbs.)*

West Frederick Vet Hospital  
(301) 473-4478

*No female dogs over 50 lbs.  
Restrictions apply  
Contact practice for details.*

Yellow Springs Vet Clinic  
(301) 663-8353

### IJAMSVILLE

Green Valley Animal Hospital  
(301) 831-6930

*Current clients only*

### JEFFERSON

Jefferson Vet Clinic  
301-834-8000

*Cats Only*

### MIDDLETOWN

Middletown Vet Clinic  
(301)371-6212

*Current clients only*

Valley Veterinary Hospital  
(301) 371-7700

### Monrovia

Mullinex Vet Clinic  
(301)865-4224

*Current clients only*

### MOUNT AIRY

Mount Airy Animal Hospital  
(301) -829-4800

*(No canine spays)*

### MYERSVILLE

Palmer Animal Hospital  
(301) 371-3333

### NEW MARKET

New Market Animal Hospital  
(301) 865-3232

*(Cats at least 4 lbs. and 4  
mo.s)  
(Dogs under 50 lbs please)*

### THURMONT

Catoctin Vet Clinic  
(301) 271-0156

*Current clients only,  
Contact practice for  
details.*

### URBANA

Greenbriar Vet Center  
(301) 874-8880

Urbana Veterinary Hospital  
(301) 831-8646

*Current clients only*

### WALKERSVILLE

Animal Care Clinic  
(301) 898-7276

*Current clients only*

**We strongly urge you to contact the participating veterinary practice and tell them you are using a POP voucher from us. They are being reimbursed the amount you pay, plus additional monies from us. Ask them what their requirements are and what expenses are and are not covered by the voucher. Please check with the vet's office before making your appointment to make sure you can afford all additional cost!**

Take the voucher with you when you go to your vet appointment.

**POP vouchers expire within 30 days of issuance. Please contact us if you need an extension on your POP voucher date. Refunds will be considered on a case by case basis.**



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## Pet Overpopulation Prevention (POP) Application

### YOUR INFORMATION:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# of people in your household: \_\_\_\_\_ Total household gross income from all sources: \$ \_\_\_\_\_

What proof of Income are you providing? \_\_\_\_\_

### PET INFORMATION:

Pet's Name: \_\_\_\_\_  Dog or  Cat  Male or  Female

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Has your pet had all of its recommended shots?  Yes or  No

Which of our "Participating Veterinarians" will you be using? \_\_\_\_\_

### PAYMENT INFORMATION:

The fee for spay/neuter surgery is: \$30

#### *Payment Method:*

<input type="checkbox"/> Cash (only if paying in person, at our office)	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Money Order (No personal checks accepted)	<input type="checkbox"/> Visa
	<input type="checkbox"/> Discover Card

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Exp. Date \_\_ / \_\_ (mm/yyyy)

I certify that I am a low income Frederick County Resident, and am in need of assistance in paying for spay/neuter surgery for my pet. I have read all pages of this application and I certify that all of the above information is true and complete to the best of my knowledge. I further authorize you to charge my credit card (if that is the payment method selected) the appropriate fee checked above.

Signed: \_\_\_\_\_

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