



MASS ANIMAL FUND SPAY/NEUTER VOUCHER PROGRAM ANIMAL ELIGIBILITY

HOMELESS

<i>Eligible</i>	<i>Ineligible</i>
<p>Dogs and cats that are housed in a municipal animal control facility or dogs and cats held on behalf of a municipality at a private shelter that is in a formal agreement to act as a holding facility for that municipality.</p> <p>Part I (Homeless Animal) and Part III (Requester Information) of the voucher is completely filled out prior to dropping off the animal for surgery.</p>	<p>Dogs and cats housed in a private shelter, rescue, or foster group.</p> <p>Part I and/or Part III of the voucher is not filled out completely prior to dropping off the animal for surgery.</p>

OWNED

<i>Eligible</i>	<i>Ineligible</i>
<p>Dogs and cats that are owned by low-income Massachusetts residents. To determine low-income eligibility, we recommend that the animal control officer verify enrollment in a state or federal assistance program, such as TAFDC, SSI, VS, SNAP, WIC, Section 8, etc.</p> <p>Part I (Owner/Pet Information) and Part II (Referral Information) of the voucher is completely filled out prior to dropping off the animal for surgery.</p>	<p>Dogs and cats owned by Massachusetts residents who do not meet income eligibility requirements.</p> <p>Part I and/or Part II of the voucher is not filled out completely prior to dropping off the animal for surgery.</p>

FERAL

<i>Eligible</i>	<i>Ineligible</i>
<p>Cats that are homeless, un-owned, free-roaming, unsocialized, and appear healthy. These cats must be released back into its home colony, which will be managed, and must receive a 3/8" ear tip at the time of surgery.</p> <p>Part II (Feral Cat) and Part III (Requester Information) of the voucher is completely filled out prior to dropping off the animal for surgery.</p>	<p>Cats that are owned or possibly owned, or those that will be adopted out or are in foster care awaiting possible placement. Socialized cats being evaluated for placement, and cats that do not appear healthy.</p> <p>Part II and/or III of the voucher is not filled out completely prior to dropping off the animal for surgery.</p>

ACO/Provider Requester Name: Beverly Animal Control	Priority? Yes or No
Requester Email: animalcontrol@beverlyma.gov	Priority Reason:

Date requested: _____
of vouchers: _____



MASS ANIMAL FUND SPAY/NEUTER/VACCINATION ASSISTANCE REQUEST

***Completed applications must be submitted to local animal control officers or a veterinary provider.
Applications submitted directly by owners to Mass Animal Fund cannot be processed.**

Owner Information		
NAME:		
ADDRESS:		
CITY		ZIP:
PHONE:		
EMAIL:		
INCOME ELIGIBILITY	Do you receive public assistance? Y N	If yes, what programs?
If you are not receiving financial assistance please describe your financial need below.		
Owner Signature:		

Animal Information			
Name:		CAT	DOG
Breed:	Age:	Male	Female
Description:			
How long have you had this pet?		Any known health issues?	
Where did you get this pet?			
If from a rescue please list rescue name and location as well as the date the pet was adopted.			
When was your animal last seen by a vet?			
Do you have additional animals needing assistance? Please list.			

FOR ACO OR PROVIDERS ONLY:		
Email completed forms to Kyle.Baron@Mass.gov or Sheri.Gustafson@mass.gov		
MAF Approval Initials:	Entered on Waitlist:	Issued: