



# Spay/Neuter Voucher Program

*Provider Packet  
2026*

**WELCOME**

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**SAMPLE VOUCHER**

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**SAMPLE VOUCHER SIDE 2**

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**SAMPLE INVOICE**

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**LINE 33F POSTER**

Dear Provider,

Thank you for being part of the Massachusetts Animal Fund Spay/Neuter Voucher Program Network!

Animal homelessness is a problem that causes animals' lives to be lost to euthanasia, poses a public safety concern, and costs taxpayer money to pay for services for stray, abandoned, and feral animals and their offspring. It has been proven that sterilization of animals decreases not only the number of homeless and feral animals born each year, but it also decreases unwanted behavior in owned animals, including roaming and aggression, which are both factors that can lead to the surrender and euthanasia of animals. One solution to this problem is investing in spaying/neutering animals. Another is standardized and required animal control officer training that creates uniform enforcement of animal control laws.

On October 31, 2012, a law took effect that, in part, created the Homeless Animal Prevention and Care Trust (Massachusetts Animal Fund). MGL Chapter 10, Section 35WW

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter10/Section35WW>

The Fund is administered by the Massachusetts Department of Agricultural Resources with assistance from an advisory committee and seeks to end the problem of animal homelessness in Massachusetts. This program is primarily funded by the voluntary tax check-off (Line 33f) on the Massachusetts resident income tax form and by monetary donations.

Providers like you make this program possible. We greatly appreciate your making this investment in your community. We are excited to have you as a partner and look forward to continuing to work with you to prevent animal homelessness in Massachusetts.

Take care,

A handwritten signature in black ink that reads "Sheri Gustafson". The signature is written in a cursive, flowing style.

Sheri Gustafson  
Program Coordinator

## Contact

A Mass Animal Fund Provider Resource page can be found at:

[www.mass.gov/guides/mass-animal-fund-voucher-program-partner-resources](http://www.mass.gov/guides/mass-animal-fund-voucher-program-partner-resources)

All questions, correspondence, and invoices should be directed to:

MASSACHUSETTS ANIMAL FUND

SPAY / NEUTER



PARTNER RESOURCES

<b>Email:</b>	<a href="mailto:Sheri.Gustafson@mass.gov">Sheri.Gustafson@mass.gov</a>
<b>Phone:</b>	(617) 626-1740
<b>Fax:</b>	(617) 626-1733
<b>Invoice Portal:</b>	<a href="http://www.mass.gov/forms/mass-animal-fund-invoice-submissions">www.mass.gov/forms/mass-animal-fund-invoice-submissions</a>
<b>Address:</b>	Mass Animal Fund / MDAR 100 Cambridge Street, 9 <sup>th</sup> Floor Boston, MA 02114

## ANIMALS ELIGIBLE TO RECEIVE VOUCHERS

Chapter 193 of the Acts of 2012 mandates that a portion of the funds raised by the Massachusetts Animal Fund be used to “offset costs associated with the vaccination, spaying, and neutering of **homeless dogs and cats** [and] to offset costs associated with the vaccination, spaying, and neutering of **dogs and cats owned by low-income residents.**”

### HOMELESS ANIMALS

<i>Eligible</i>	<i>Ineligible</i>
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 has a formal agreement to act as a holding facility for that municipality.	Dogs and cats housed in a private shelter, rescue, or foster group (unless pre-approved by MDAR for assistance through the Emergency Fund).

### OWNED ANIMALS

<i>Eligible</i>	<i>Ineligible</i>
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.	Dogs and cats owned by Massachusetts residents who do not meet income eligibility requirements.

### FERAL CATS

<i>Eligible</i>	<i>Ineligible</i>
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.	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.

## REQUESTING VOUCHERS

Many of our providers may also serve as the holding facility for stray cats and dogs picked up by municipal animal control officers or have clients who meet the eligibility guidelines. In these instances, as a provider, you can directly request a voucher. Eligible animals must be identified prior to requesting a voucher; that is, you may not request vouchers for “eventual use.”

When application categories are open, to request a voucher, fill out a Voucher Request Form and email, mail, or fax the form to Sheri Gustafson. Your voucher request will be reviewed, and your request will be added to our voucher waitlist when approved. If we have questions about eligibility, we will contact you within one week of receiving your request. If your request is approved, a voucher will be mailed to you when we reach you on the waitlist. Wait times for vouchers are typically between 3-4 months depending on the number of requests we receive. If you believe your request needs immediate attention, please contact Sheri at [sheri.gustafson@mass.gov](mailto:sheri.gustafson@mass.gov)/617- 626-1740 to see if the voucher can be issued as an emergency or priority request.

Once you receive the voucher, your practice may perform the surgery and submit the voucher for reimbursement.

## ACCEPTING VOUCHERS

As a provider, your contact information is listed on our website ([www.mass.gov/animalfund](http://www.mass.gov/animalfund)). When vouchers are disseminated, recipients are directed to this page to choose a provider. If your practice is selected, you will be called directly to schedule surgery. When a voucher recipient contacts your practice, please ask them for the voucher number and voucher expiration date. If your practice cannot perform the surgery before the expiration date, please direct the recipient to call Sheri at 617-626-1740 for a voucher extension.

On the date of surgery, the voucher recipient must present the voucher to you with Part I and Part II completed and signed. *If Part II (requestor information) is not complete, please contact Mass Animal Fund to obtain the correct information.*

## PROVIDING SERVICES

The Contractor shall perform the following services for cats/dogs under the Program: anesthesia and pain management medications, spay/neuter surgery, IV fluids (if necessary), and additional supplies or services (if necessary); DHPP/FVRCP and rabies vaccines should be given if needed, and will be additional reimbursements.

The contractor shall schedule spay/neuter surgery within 60 days of any voucher recipient’s request for services. The needs of the Program will vary month to month and year to year and will be contingent upon the local population and clients’ choice of veterinary service provider. The Contractor shall remain in good standing with Board of Registration of Veterinary Medicine throughout the duration of the contract.

## REIMBURSEMENT

Your practice must complete and sign Part III of the voucher in order to be reimbursed. Mail the original voucher along with an invoice from your practice for each surgery performed. The original, signed voucher and invoice should be received within 45 days of the date of surgery to prevent delays in reimbursement.

**The following tier system shall be followed for reimbursement of the Contractor.  
for procedures done after 7/1/23**

<b>Spay / Neuter Rates</b>		
Tier I	Cat Neuter	\$150
Tier II	Cat Spay	\$200
Tier III	Small Dog Neuter (<50lbs.)	\$250
Tier IV	Small Dog Spay (<50lbs.) Large Dog Neuter(>50lbs.)	\$300
Tier V	Large Dog Spay (>50lbs.)	\$350
<b>Vaccine Rates</b>		
1 Vaccine	\$25	2 Vaccines \$35
		Under Anesthesia (already S/N) extra \$50

<b>Complication Add-on Rates</b>		
Parasites	1 Medication \$20	2 + Medications \$35
Cryptorchid	Inguinal \$40	Abdominal \$75
Hernia repair	Simple \$40	Complex \$75
Extra Large	>75 lbs. \$50	>100 lbs. \$75
Older >5	\$40	w/bloodwork \$75
Estrus	\$35	
Obese	\$40	
Dystocia/Pyometra	Cat \$150	Dog \$200
<b>MDAR Emergency Related Medical Request: \$ Determined at Preapproval</b>		

To receive any of the additional reimbursement amounts, the contractor must write the complication or reason on the voucher under “additional services needed”. The additional amount must also be indicated on the invoice. Limit 1 reimbursement increase per surgery unless preapproved by Mass Animal Fund Staff.

On the day of surgery, the voucher recipient shall present the physical voucher to the Contractor, who after the services have been performed will be able to submit the voucher, along with an invoice, for payment from the Department. The Department reserves the right to withhold payment until the Contractor has provided satisfactory documentation of services. Submit the voucher and invoice by uploading into the Invoice Submission Portal or by emailing the contacts listed in the “Contact” section.

Your invoice will be processed by the Massachusetts Department of Agricultural Resources, and you can expect electronic payment within 45 days.

## VENDOR WEB

Once enrolled in the program you can view completed and pending reimbursements through VendorWeb. VendorWeb allows vendors of the Commonwealth to view their payment information:

- Scheduled payments
- Payment history

Log into VendorWeb at: [www.mass.gov/vendorweb](http://www.mass.gov/vendorweb)

Mass Animal Fund will provide you with your Vendor Code once assigned.: \_\_\_\_\_

Your password will be the last 4 numbers of your TIN. \_\_\_\_\_

## SPREADING THE WORD

The success of this program is contingent upon recruiting quality providers across the state, finding animal control officers invested in making a difference in their communities, educating low-income residents about both the importance of spaying/neutering their pets and the availability of this new program, and receiving donations to fund these efforts.

Please help us spread the word to other practices that may be interested in becoming a provider, to your local animal control officers, to members of the public who cannot afford surgery, and to those who may be willing to donate to the cause. All Veterinary Providers will receive promotional packets to help us spread the word about the Line 33f tax donation option in December prior to tax season. If you would like personalized posters or material to advertise our partnership, please contact Mass Animal Fund and we will be happy to provide them.

**For more information, please visit:**

[www.mass.gov/animalfund](http://www.mass.gov/animalfund)

ACO/Provider Requester Name:	Priority?      Yes      or      No
Requester Email:	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.**  
**INCOMPLETE applications and applications submitted directly to Mass cannot be processed.**

**Required Owner Information**

NAME:		
ADDRESS:		
CITY		ZIP:
PHONE:		EMAIL:
<b>INCOME ELIGIBILITY</b>	Do you receive public assistance?    Y      N	If yes, what programs?
If you are not receiving financial assistance, please describe your financial need below (include household income, # of people)		
Owner Signature:		

**Required Animal Information**

Name:	CAT	DOG
Breed:	Age:	Male      Female
Description:		
Where did you get this pet?	Shelter/Rescue Org. Breeder	Private Individual Bred at Home      Other _____
If from a Shelter/Rescue or Pet Shop, provide the following information:		Yes
Name of Organization and adoption date	Did you pick up this pet in MA?	No
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 [Sheri.Gustafson@mass.gov](mailto:Sheri.Gustafson@mass.gov)**  
**Fax: 617-626-1733**

<b>MAF Approval Initials:</b>	<b>Entered on Waitlist:</b>	<b>Issued:</b>
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# WAS YOUR PET HELPED THROUGH THE VOUCHER PROGRAM?



SHARE THEIR PICTURE AND STORY TO HELP US HELP MORE ANIMALS LIKE THEM!



Your submissions help us spread the word about donation option on [Line 33f](#) of the Massachusetts Resident Tax Form!

Please, share with us a picture of your pet, 2-3 sentences about your pet or why you decided to get them spayed/neutered.



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Comments and pictures can be sent to [Sheri.Gustafson@mass.gov](mailto:Sheri.Gustafson@mass.gov)

\*Please note all owner's names are kept confidential.

SEE YOUR PET'S STORY IN ACTION AT [WWW.FACEBOOK.COM/MASSANIMALFUND](http://WWW.FACEBOOK.COM/MASSANIMALFUND)



33. Voluntary fund contributions  
f. Homeless Animal Prevention..... 

**FILE TAXES.  
HELP ANIMALS!**  
*line* **33F**



**WWW.MASS.GOV/ANIMALFUND**



**Mass Animal Fund Voucher Program**

Massachusetts Department of Agricultural Resources, EEOA  
100 Cambridge Street, 9th Floor  
Boston, Massachusetts 02114  
Sheri Gustafson (617) 626-1740