

ACO/Provider Requester Name:	Priority?      Yes      or      No
Requester Email:	Priority Reason:



## 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 MAF cannot be processed.**

### Required Owner Information

Name:	Is pet owner over 65 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:	City	
Zip code:	Phone number	
Email:		
<b>Income Information for Eligibility</b>	Do you receive public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what programs?
If you are not receiving financial assistance, describe your assistance need. Please include household income and number of family members.		
I certify that the above information is true. Owner Signature:		

### Required Animal Information

Name of pet:	<input type="checkbox"/> CAT <input type="checkbox"/> DOG	
Breed:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Description:	Approx. Weight:	
<b>Where did you get your pet?</b>	<input type="checkbox"/> Born at home <input type="checkbox"/> Breeder <input type="checkbox"/> Shelter/Rescue organization <input type="checkbox"/> Pet Shop <input type="checkbox"/> Other source (please describe)	
If from a Shelter/Rescue or Pet Shop, provide the following information:		
Name of organization/adoption date:		Did you pick up pet in MA? <input type="checkbox"/> Yes <input type="checkbox"/> No
When was your animal last seen by a vet?		Date of last rabies vaccination (if available)
Does the animal have any health concerns? If so, please describe:		
How far would you be willing to travel for services? <input type="checkbox"/> 10 miles <input type="checkbox"/> 30 miles <input type="checkbox"/> anywhere in MA		
Have you already tried to obtain low cost spay/neuter resources?		
If so, where?		What was the cost estimate?

**Once MAF receives this form from an ACO or Provider, you will be placed on our waitlist for services.**

**You may also be contacted by our low-cost partners if they have affordable services that can help you sooner.**

### FOR ACO OR PROVIDERS ONLY:

Email completed forms to [Kyle.Baron@Mass.gov](mailto:Kyle.Baron@Mass.gov) or [Sheri.Gustafson@mass.gov](mailto:Sheri.Gustafson@mass.gov)

MAF Approval Initials:

Entered on Waitlist:

Issued: