ACO/ Provider Name _____

ACO/ Provider Email _____

Spay/Neuter Voucher Application

Owner Information

Full Name: _____ Phone Number: _____

Address: _____ Town: _____

Zip Code: _____ Email Address: _____

Waitlist Eligibility

Is owner over 65 Years old? ◯ Yes ◯ No Does owner have a disability? ◯ Yes ◯ No

Is spay/neuter needed for public housing access? ◯ Yes ◯ No

Income Eligibility

The MAF Voucher Program is only available for low-income MA residents. To verify income eligibility, please check all public assistance programs received in household.

☐ TAFDC ☐ SSDI ☐ VS ☐ SNAP ☐ WIC ☐ Sec. 8 ☐ Fuel ☐ EBT

☐ Other: _____

Animal Information

Animal Name: _____ ◯ Cat ◯ Dog ◯ Male ◯ Female

Breed or description: _____ Age: _____ Weight: _____

Animal Origin

Where did you get your pet? ☐ Breeder ☐ Shelter/Rescue Organiztion ☐ Pet Shop

☐ Born at home ☐ Other (please describe) _____

If from a shelter/rescue or pet shop please provide the following information:

Name of organization _____ Adoption date: _____

Animal Medical History

Date of last veterinary visit: _____ Date of last rabies vaccine: _____

Please list any health concerns: _____

Have you already tried to obtain low cost spay/neuter services? ◯ Yes ◯ No

If so, where? _____ What was the cost estimate? _____

How far can you travel for services? ☐ 10 miles ☐ 20 miles ☐ anywhere in MA

By signing below, I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____

Accepted requests, will be placed on a waitlist for services. You may also be contacted by our low-cost partners if they have affordable services that can help you sooner.

Completed voucher applications must submitted through your local Animal Control Officer (ACO).

You can get contact information for your local ACO through the website linked below or by scanning the QR code.

Municipal Animal Control Officers in Massachusetts

