

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:		
Income Information for Eligibility	Do you receive <input type="checkbox"/> Yes	If yes, what programs?
	public assistance? <input type="checkbox"/> No	
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:	
Where did you get your pet?	<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 Sheri.Gustafson@mass.gov

MAF Approval Initials:

Entered on Waitlist:

Issued: