

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:
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 (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 Kyle.Baron@Mass.gov or Sheri.Gustafson@mass.gov
Fax: 617-626-1733

MAF Approval Initials:	Entered on Waitlist:	Issued:
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