

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 <input type="checkbox"/> Yes public assistance? <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?  Yes  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?  10 miles  30 miles  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:
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