

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 Organization 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.