

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 <a href="mailto:Kyle.Baron@Mass.gov">Kyle.Baron@Mass.gov</a> or <a href="mailto:Sheri.Gustafson@mass.gov">Sheri.Gustafson@mass.gov</a> Fax: 617-626-1733		
MAF Approval Initials:	Entered on Waitlist:	Issued: