



MASSACHUSETTS ANIMAL FUND SPAY/NEUTER VOUCHER PROGRAM

ANIMAL CONTROL OFFICERS AND PARTICIPATING SPAY/NEUTER PROVIDERS SHOULD USE THIS FORM TO REQUEST SPAY/NEUTER VOUCHERS FROM THE MASSACHUSETTS ANIMAL FUND. TO SPAY/NEUTER A HOMELESS DOG OR CAT HELD AT A MUNICIPAL ANIMAL CONTROL FACILITY OR TO SPAY/NEUTER A DOG OR CAT OWNED BY A LOW-INCOME MASSACHUSETTS RESIDENT WHO RECEIVES ASSISTANCE THROUGH A STATE PROGRAM (TAFDC, SSI, VS, SNAP, WIC, ETC.) WHO WOULD OTHERWISE BE UNABLE TO AFFORD THE SURGERY FOR THE ANIMAL. UP TO FIVE (5) VOUCHERS MAY BE REQUESTED USING THIS FORM.

UPON COMPLETION, SUBMIT THIS FORM TO LAUREN GILFEATHER BY MAIL, EMAIL, OR FAX. THE OFFICE WILL RESPOND TO ALL REQUESTS WITHIN 10 BUSINESS DAYS.

MAIL: MASSACHUSETTS ANIMAL FUND, 251 CAUSEWAY STREET, SUITE 500, BOSTON, MASSACHUSETTS 02114

EMAIL: LAUREN.GILFEATHER@STATE.MA.US

FAX: 617-626-1850

REQUESTER INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

_____ COUNTY: _____

HAVE YOU REQUESTED VOUCHERS WITHIN THE PAST 3 MONTHS? Y N

VOUCHER INFORMATION

NUMBER OF VOUCHERS REQUESTED: _____

	TYPE (HOMELESS/OWNED)	ANIMAL (CAT/DOG)	SEX (M/F)	APPROXIMATE WEIGHT
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

OFFICIAL USE ONLY

APPROVED? Y N NUMBER OF VOUCHERS DISSEMINATED: _____ DATE DISSEMINATED: _____

VOUCHER NUMBERS: _____ INITIALS: _____