

Date Requested:	Priority: Y N
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# 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 Mass Animal Fund to spay/neuter a homeless dog or cat held at a municipal animal control facility (**ACO**), to spay /neuter a dog or cat owned by a low-income resident of Massachusetts who receives assistance through a state program (TAFDC, SSI, VS, SNAP, WIC, etc.)(**Owned**), or to spay/neuter a homeless, un-owned, free-roaming, unsocialized cat (**Feral**).

The "Requester Information" section should reflect the information of the animal control officer or spay/neuter provider requesting the voucher. Please use a separate line for each voucher requested on this form up to 5. **Please note: requests directly from owners or public are not accepted.**

Upon completion, submit this form to Sheri Gustafson by mail, email, or fax.

**Mail: Massachusetts Animal Fund, 251 Causeway Street, Suite 500, Boston, MA 02114**

**Email: [sheri.gustafson@state.ma.us](mailto:sheri.gustafson@state.ma.us) Fax: 617-626-1850**

Requester Information	
Animal Control Officer <input type="checkbox"/>	Veterinary Provider <input type="checkbox"/>

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Municipality: \_\_\_\_\_

Voucher Information						
Number of Vouchers Requested		1	2	3	4	5
Type	Animal	SEX		Approximate Weight		
ACO/Owned/Feral	Cat/Dog	M/F		<50lbs./ >50lbs.		

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

OFFICE USE ONLY			Staff:				
Approved: Y N	Number :	1	2	3	4	5	Date:
Numbers:							