

Four Cities Initiative

No-Cost Spay/Neuter Voucher Program Application



Received: _____
Approved: _____
Voucher #: _____
Date Issued: _____
Expiration Date: _____
Official Use

Applicant Information

Pet Owner

(If under 18 provide name of parent)

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone _____ Cell Phone _____

E-Mail Address: _____ Driver's License # _____

Pet Information

Pet Name: _____ Age: _____ Weight: _____

Sex: ___ Male ___ Female ___ Dog ___ Cat Rabies Vaccinated ___ Yes ___ No

Any Medical Issues? _____

Qualifications

Please indicate by checking appropriate boxes applicable qualifying criteria:

<input type="checkbox"/>	Reside within Zip Code 20737, 20740, 20783	<input type="checkbox"/>	Head of household is receiving temporary cash assistance
<input type="checkbox"/>	Household income is below the federal minimum poverty level as set forth in most recent HHS Federal Poverty Guidelines	<input type="checkbox"/>	Children in household are receiving temporary cash assistance
<input type="checkbox"/>	Household income is less than 80% of the median income for households in the State of Maryland or county of residence	<input type="checkbox"/>	Household is participating in food supplemental program
<input type="checkbox"/>	Head of Household or second earner is unemployed	<input type="checkbox"/>	Children in household are participating in the free and reduced price meals program (FARMS)
<input type="checkbox"/>	Rate of pay for the head of household or second earner is less than \$27.15 per hour	<input type="checkbox"/>	Head of household or second earner is recipient of Veteran's or Social Security disability benefits.

Certification

I certify the above statements and assertions are true and accurate.

Signature: _____

Date: _____

Date of Procedure: _____

Cost: Spay/Neuter: _____

Rabies: _____

Other: _____

Vet: _____

PLEASE COMPLETE SEPARATE APPLICATION FOR EACH PET