



STATE OF MAINE  
DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY  
ANIMAL WELFARE PROGRAM  
28 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0028

JANET T. MILLS  
GOVERNOR



AMANDA E. BEAL  
COMMISSIONER

## HELP FIX ME! Spay/Neuter Clinic Application

\*Please do not make an appointment with a veterinarian until you have received your Voucher  
This is NOT a voucher

**INSTRUCTIONS FOR ANIMAL OWNER:** Complete this form. Our limit is one pet per application.

**ENCLOSE THE APPROPRIATE PAYMENT:** Cat \$10.00 - Dog \$20.00

Make check or money order payable to: Treasurer, State of Maine.

**Provide proof OF ELIGIBILITY:** (Please check off the qualifying program(s) in which you are enrolled)

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Social Security Disability (SSD)
<input type="checkbox"/> Income less than 133% of poverty level	

### TO BE COMPLETED BY ANIMAL OWNER

Name of animal owner: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (You must be at least 18 years old to receive a voucher)

Mailing address: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Type of Pet:       Cat       Dog       Female       Male

**RELEASE OF INFORMATION:** By signing this application, I give the Department of Agriculture permission to verify my eligibility by contacting the Department of Health and Human Services. I also confirm that my cat or dog was not imported from out of state into a Maine animal shelter, rescue, pet store, or adoption agency. Applications not signed will not be processed.

Signature of animal owner: \_\_\_\_\_ Date: \_\_\_\_\_



Help Fix Me Phone #:1-800-367-1317