



JANET T. MILLS
 GOVERNOR

AMANDA E. BEAL
 COMMISSIONER

HELP FIX ME! Spay/Neuter Clinic Application

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)

- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Social Security Disability (SSD)
- 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: _____

Clinic Name: _____

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

