

Application for Vermont Spay Neuter Incentive Program Voucher

PLEASE PRINT CLEARLY

Full Name of Pet Owner: _____
Mailing Address: _____
City or Town, Zip Code: _____
Town of Residence: _____
Phone Number _____ Email Address _____

Are you a Vermont resident? [] yes [] no
Are you a senior - age 65 or older [] yes [] no

Have you used VSNIP in the past? [] yes [] no If yes, when? _____

How many companion animals do you own that are not spayed or neutered? _____

PART A: (complete Part A only if applicable)

Are you receiving benefits from any of the following programs? Please choose those that apply and send in one form or statement that has your name on it from at least one of the programs under which you are claiming VSNIP eligibility. Forms submitted will not be returned.

- Three Squares Vermont (Food Stamp Program) [] yes [] no
The Supplemental Security Income Program [] yes [] no
Women, Infants and Children Program [] yes [] no
Reach Up - Education and Job Training [] yes [] no
TANF (Reach First) [] yes [] no
Medicaid [] yes [] no
General Assistance/Relief [] yes [] no
AABD/EP Financial Support for Spouse/Caregiver [] yes [] no
Supplemental/Seasonal/Crisis Fuel Program [] yes [] no
Section 8 - Rental Assistance [] yes [] no

PART B: (complete Part B ONLY if Part A does not apply)

If you are NOT receiving benefits from any of the programs listed above, you may still qualify for VSNIP by completing the information below:

Describe your household size by age group:

- a) How many people aged 17 or younger _____
b) How many people aged 18-59 + _____
c) How many people aged 60 or older? + _____
d) Total number of people in the household = _____

Total annual household gross (before taxes) income: \$ _____/week or \$ _____/month

Please provide the following information about each animal for which you are applying (Use additional pages for additional animals & include *all* information.)

Animal #1

Cat/Dog (circle one) Name: _____ Color _____ Age _____ Sex _____
Breed (for dogs only) _____ Approximate weight (for dogs only) _____

PLEASE CHECK ONE: I CERTIFY THAT THIS ANIMAL WAS:

Found as a stray ___ Adopted from a humane society ___ Adoption fee \$ _____
Adopted from a rescue organization ___ Rescue fee \$ _____ Purchased ___ Price \$ _____

COMPLETE name, address and phone number of where you acquired this animal:

Animal #2

Cat/Dog (circle one) Name: _____ Color _____ Age _____ Sex _____
Breed (for dogs only) _____ Approximate weight (for dogs only) _____

PLEASE CHECK ONE: I CERTIFY THAT THIS ANIMAL WAS:

Found as a stray ___ Adopted from a humane society ___ Adoption fee \$ _____
Adopted from a rescue organization ___ Rescue fee \$ _____ Purchased ___ Price \$ _____

COMPLETE name, address, and phone number of where you acquired this animal:

CERTIFICATION

I am aware VSNIP is a publically funded benefit program and if I provide false information to get a voucher it is a violation of law and may subject me to legal action, including criminal prosecution. I certify that the information and answers I provided in this application for a VSNIP voucher are accurate and truthful.

Applicant Signature: _____ Date Signed: _____

Please note: ALL application sections must be completed and application must be signed in order for it to be considered.

Please mail in one envelope the following items to VSNIP, P.O. Box 95, Bridgewater, Vermont 05034: 1) your completed signed application, 2) a 10 inch stamped envelope, folded up and addressed back to yourself, and 3) if you qualify for VSNIP under Part A, include a copy of ONE form that has your name on it showing you are currently enrolled in one of the programs checked off. If you have questions, please contact the VSNIP office at (802) 672-1087 or 1-877-867-1424 (toll free).